

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
OFFICE OF THE SUPERINTENDENT'S ASSISTANT
SCI-GREENE**DATE:** March 18, 2004**SUBJECT:** Grievance Rejection Form**TO:** Mr. Rankin, EU-5850
F Unit, B Pod**FROM:** 
Sharon L. D'Eletto
Superintendent's Assistant

FOR OFFICIAL USE ONLY
78832
GRIEVANCE NUMBER

The attached grievance is being returned to you because you have failed to comply with the provision(s) of DC-ADM 804, Inmate Grievance System:

1. Grievances related to the following issues shall be handled according to procedures specified in the policies listed and shall not be reviewed by the Facility Grievance Coordinator:
 - a. DC-ADM 801-Inmate Disciplinary and Restricted Housing Unit Procedures
 - b. DC-ADM 802-Administrative Custody Procedures
 - c. other policies not applicable to DC-ADM 804.
2. Block B must be completed, as per the Instruction #3 of the Official Inmate Grievance Form.
3. The grievance does not indicate that you were personally affected by a Department or facility action or policy.
4. Group grievances are prohibited.
5. **The grievance was not signed and/or dated.**
6. Grievances must be legible and presented in a courteous manner.
7. The grievance exceeded the two (2) page limit. Description needs to be brief.
8. Grievances based upon different events shall be presented separately.
9. The grievance was not submitted within fifteen (15) working days after the events upon which claims are based.
10. You are currently under grievance restriction. You may not file any grievances until _____.
11. Grievance involves matter(s) that occurred at another facility and should be directed by the inmate to the appropriate facility.
12. The issue(s) presented on the attached grievance has been reviewed and addressed previously.

Additional Comments:

SLD/djk

CC: FILE
DC-15

DC-804
Part 1COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA 17001-0598

FOR OFFICIAL USE ONLY

78832

GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR <i>Sharon D. Ellets</i>	FACILITY: <i>SCI - GREENE</i>	DATE: <i>03/16/04</i>
FROM: (INMATE NAME & NUMBER) <i>Derrick Rankine EU 5850</i>	SIGNATURE OF INMATE: <i>Derrick Rankine</i>	
WORK ASSIGNMENT: <i>Relief Requested (PERMANENT SEPARATION FROM RHU FB)</i>	HOUSING ASSIGNMENT: <i>RHU FB - 7</i>	
INSTRUCTIONS: <i>CIO STICKLES</i>)		

1. Refer to the DC-ADM 804 for procedures on the inmate grievance system.
 2. State your grievance in Block A in a brief and understandable manner.
 3. List in Block B any actions you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages.

Today CIO STICKLES CAME TO MY CELL DOOR AND STAND THERE AND STARE AT ME FOR APPROXIMATELY 2 MINUTES.

I ASKED CIO STICKLES WHY HE WAS JUST STANDING AT MY CELL DOOR AND STARTING AT ME. CIO STICKLES SAID "YOU LOOK LIKE A WOMAN" AND THAT HE WAS DOING HIS ROUNDS. I WILL REPEAT AGAIN, I AM NOT A HOMOSEXUAL AND WILL NEVER BECOME A HOMOSEXUAL SO I WOULD LIKE A VERY, VERY PERMANENT SEPARATION FROM CIO STICKLES) AND THIS SEXUAL HARASSMENT TO STOP.

B. List actions taken and staff you have contacted, before submitting this grievance.

I REPORTED TO SCI SANTOYO ON 03/02/04 AND 03/05/04 CIO STICKLES CONDUCTED A REQUEST ON 03/12/04 AND INFORMED MR. IVAN OF CIO STICKLES BEHAVIOR ON 03/12/04; AND I HAVE REFUSED TO ACCEPT A HIGH PROTEIN DIET FROM CIO STICKLES OR MAKE ANY AGREEMENT WITH CIO STICKLES.

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator

Date

DATE: March 11, 2004

FOR OFFICIAL USE ONLY

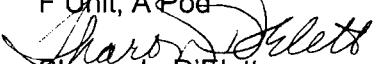
78227

GRIEVANCE NUMBER

SUBJECT: Grievance Rejection Form

TO: Mr. Rankin, EU-5850

F Unit, A Pod

FROM: 
Sharon L. D'Eletto
Superintendent's Assistant

The attached grievance is being returned to you because you have failed to comply with the provision(s) of DC-ADM 804, Inmate Grievance System:

1. Grievances related to the following issues shall be handled according to procedures specified in the policies listed and shall not be reviewed by the Facility Grievance Coordinator:
 - a. DC-ADM 801-Inmate Disciplinary and Restricted Housing Unit Procedures.
 - b. DC-ADM 802-Administrative Custody Procedures.
 - c. Other policies not applicable to DC-ADM 804.
2. Block B must be completed, as per the Instruction #3 of the Official Inmate Grievance Form.
3. The grievance does not indicate that you were personally affected by a Department or facility action or policy.
4. Group grievances are prohibited.
5. **The grievance was not signed and/or dated.**
6. Grievances must be legible and presented in a courteous manner.
7. The grievance exceeded the two (2) page limit. Description needs to be brief.
8. Grievances based upon different events shall be presented separately.
9. The grievance was not submitted within fifteen (15) working days after the events upon which claims are based.
10. You are currently under grievance restriction. You may not file any grievances until _____ Date
11. Grievance involves matter(s) that occurred at another facility and should be directed by the inmate to the appropriate facility.
12. The issue(s) presented on the attached grievance has been reviewed and addressed previously.

Additional Comments:

SLD/ack

cc: FILE
DC-15

DC-804

Part 1

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA 17001-0598

FOR OFFICIAL USE ONLY

78227

GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR <u>SCI-GREENE</u>	FACILITY: <u>SCI Greene</u>	DATE: <u>03/10/04</u>
FROM: (INMATE NAME & NUMBER) <u>DERRICK RANKINE EU5850</u>	SIGNATURE OF INMATE: <u>Derrick Rankine</u>	
WORK ASSIGNMENT: <u>\$1153/dny relief Frequsitedband RHU FA-7</u>	HOUSING ASSIGNMENT:	
INSTRUCTIONS: PERMANENT SEPARATION From C10 STICKLES		

1. Refer to the DC-ADM 804 for procedures on the inmate grievance system.
 2. State your grievance in Block A in a brief and understandable manner.
 3. List in Block B any actions you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages.

On 03/10/04, C10 STICKLES called me "Stinking Rankine" and "A piece of Shit" without provocation or justification because I rejected C10 STICKLES homoSEXUAL advances. During the period 03/01/04 to 03/05/04, C10 STICKLES began giving me a high protein diet, told me that "he and I had an understanding or agreement" about returning my property and about me getting showers, toothpaste and soap. I informed C10 STICKLES that I was not a homosexual and will NEVER become a homosexual since I would rather die than to engage in a homosexual relationship and that I have, and had no agreement with him or any other staff member and that I never will make any agreement with any staff member more than to respect all staff member and demand respect from all staff member at all time.

B. List actions taken and staff you have contacted, before submitting this grievance.

I informed Sgt Santoyo on 03/02/04 and 03/04/04 of C10 STICKLES homoSEXUALS and INSULTING overtures and that C10 STICKLES was giving me a high protein diet and that C10 STICKLES refused to GIVE ME my property, soap, tooth paste and shower from 03/01/04 to now because he refused to have a homosexual relationship with him. I informed Mr.

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Z Evans 03/10/04

Signature of Facility Grievance Coordinator

Date

S/A-GRN.001
Rev. 07/14/03

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
SCI GREENE
OFFICE OF THE SUPERINTENDENT
724-852-2902

March 19, 2004

SUBJECT: Appeal of Rejected Grievance 78227

TO: Mr. Rankin EU 5850
I Unit, B Pod
Derrick Rankin
FROM: Louis S. Folino
Superintendent

I am in receipt of your 03/16/04 appeal of the Grievance Coordinator's rejection of Grievance Number 78227. I have reviewed your grievance packet and the Grievance Coordinator's rationale for rejecting your grievance, dated 03/11/04.

Insofar as name of commitment is Derrick Rankin, please use that name on all correspondence with the Department of Corrections.

Your instant appeal is denied.

Attach.: Rejected Grievance Number 78227

CC: Deputies' Complex (1)
CSA Grievance File at 78227
DC-15 EU 5850

(inmate 2004\grievances\rejection appeal\EU 5850 Rankin and Grievance Number 78227.03-19-04)

DC-804
Part 1COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA 17001-0598FOR OFFICIAL USE ONLY
78227
GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR <u>SCI-GREENE</u>	FACILITY: <u>SCI GREENE</u>	DATE: <u>03/10/04</u>
FROM: (INMATE NAME & NUMBER) <u>JERRICK RANKINE EU5850</u>	SIGNATURE of INMATE: <u>Jerrick Rankine</u>	
WORK ASSIGNMENT: <u>\$1153/dry reliefs fed and RHU FA-7</u>	HOUSING ASSIGNMENT:	
INSTRUCTIONS: PERMANENT SEPARATION From C/O STICKLES.		
<ol style="list-style-type: none"> 1. Refer to the DC-ADM 804 for procedures on the inmate grievance system. 2. State your grievance in Block A in a brief and understandable manner. 3. List in Block B any actions you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted. 		

A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages.

On 03/10/04, C/O Stickles called me "Stinking Rankine" and "A piece of Shit" without provocation or justification because I rejected C/O Stickles homo sexual advances. During the period 03/01/04 to 03/05/04, C/O Stickles began giving me a high protein diet, told me that "he and I had an understanding or agreement" about returning my property and about me getting showers, toothpaste and soap. I informed C/O Stickles that I WAS NOT A homo sexual and will NEVER become a homo sexual since I would rather die than to engage in a homo sexual relationship and that I HAVE, and had no agreement with him or any other staff member and that I NEVER WILL MAKE any agreement with any staff member more than to respect all staff member and demand respect from all staff member at all time.

B. List actions taken and staff you have contacted, before submitting this grievance.

I informed Sgt Santoyo on 03/02/04 and 03/10/04 of C/O Stickles homo sexuals and insulting overtures and that C/O Stickles was giving me a high protein diet and that C/O Stickles refused to GIVE ME MY property, SOAP, tooth paste and shower From 03/01/04 to now because I refused to have a homo sexual relationship with him. Informed Mr.

Your grievance has been received and will be processed in accordance with DC-ADM 804. ZIVAN 03/10/04

Signature of Facility Grievance Coordinator

Date

Form DC-135A

Commonwealth of Pennsylvania
Department of Corrections

INMATE'S REQUEST TO STAFF MEMBER

GRIEVANCE Appeal
78227

1. To: (Name and Title of Officer)

SUPERINTENDENT Folino

3. By: (Print Inmate Name and Number)

Derrick RANKINE EU5850**Derrick Rankine**

Inmate Signature

6. Work Assignment

\$1153/day RELIEF REQUESTED.

8. Subject: State your request completely but briefly. Give details.

On 02/23/04 and 02/24/04, C/O STICKLES said to me "You ARE STILL A piece of shit REPEATEDLY without provocation or justification".

During the period of 02/04 to 03/10/04, C/O STICKLES keep giving me a high protein diet with sugars on my dinner tray. On 03/03/04 and 03/05/04, I reported this to Sgt. Santiago at which point C/O STICKLES told me that he and I HAVE AN AGREEMENT. I had no agreement and NEVER WILL have any agreement with any members of your STAFF PERIOD.

I informed C/O STICKLES that I am NOT a homosexual and will NEVER become a homosexual. THAT ALL STAFF MEMBERS ARE ONLY REQUIRED TO DO THEIR JOB AND IF THEY DO THEIR JOBS THEN I WILL RESPECT THEM AND I WILL DO MY BEST TO EARN THEIR RESPECT. On 03/10/04 C/O STICKLES CALLED ME "STINKING RANKINE and A PIECE OF SHIT, without provocation or justification, in retaliation for the above. I would like a permanent separation from C/O STICKLES, plus a check for \$10,377 FOR MENTAL distress as I was humiliated, embarrassed, felt dirty and degraded by C/O STICKLES on orders from Captain Hall and you. I thank you in advance for your time's co-operation and consideration in this matter.

Respectfully, Your Servant
Zachary Jesus My Lord.

To DC-14 CAR only **Derrick Rankine**To DC-14 CAR and DC-15 IRS

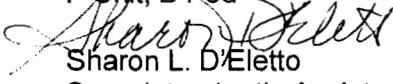
Print _____ / Sign _____

Date _____

COM com com
WEALTH OF PENNSYLVANIA
ARTMENT OF CORRECTIONS
OFFICE OF THE SUPERINTENDENT'S ASSISTANT
SCI-GREENE

DATE: March 22, 2004

SUBJECT: Grievance Rejection Form

TO: Mr. Rankin, EU-5850
F Unit, B Pod

Sharon L. D'Eletto
FROM: Superintendent's Assistant

FOR OFFICIAL USE ONLY
79149
GRIEVANCE NUMBER

The attached grievance is being returned to you because you have failed to comply with the provision(s) of DC-ADM 804, Inmate Grievance System:

1. Grievances related to the following issues shall be handled according to procedures specified in the policies listed and shall not be reviewed by the Facility Grievance Coordinator:
 - a. DC-ADM 801-Inmate Disciplinary and Restricted Housing Unit Procedures
 - b. DC-ADM 802-Administrative Custody Procedures
 - c. other policies not applicable to DC-ADM 804.
2. Block B must be completed, as per the Instruction #3 of the Official Inmate Grievance Form.
3. The grievance does not indicate that you were personally affected by a Department or facility action or policy.
4. Group grievances are prohibited.
5. **The grievance was not signed and/or dated.**
6. Grievances must be legible and presented in a courteous manner.
7. The grievance exceeded the two (2) page limit. Description needs to be brief.
8. Grievances based upon different events shall be presented separately.
9. The grievance was not submitted within fifteen (15) working days after the events upon which claims are based.
10. You are currently under grievance restriction. You may not file any grievances until _____.
11. Grievance involves matter(s) that occurred at another facility and should be directed by the inmate to the appropriate facility.
12. The issue(s) presented on the attached grievance has been reviewed and addressed previously.

Additional Comments:

SLD/djk

CC: FILE
DC-15

DC-804
Part 1COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA 17001-0598FOR OFFICIAL USE ONLY
79149
GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR <u>Sharon D'Elia</u>	FACILITY: <u>Sgt Greene</u>	DATE: <u>03/21/04</u>
FROM: (INMATE NAME & NUMBER) <u>Denice Rankine EU5850</u>	SIGNATURE OF INMATE: <u>Denice Rankine</u>	
WORK ASSIGNMENT: <u>\$1553/duty relief requested.</u>	HOUSING ASSIGNMENT: <u>FB-7 RHU</u>	

INSTRUCTIONS:

- 1 Refer to the DC-ADM 804 for procedures on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. List in Block B any actions you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages.

On 03/04/04 I SENT A REQUEST TO CAPTAIN HALL ASKING FOR HANDWRITING SHEETS, 50 CARBON PAPERS, 10 PENS, 10 MANILA ENVELOPES, USE OF A STAPLER AND USE OF THE COPY MACHINE TO PREPARE MY BRIEFS AND MAIL THEM TO THE COURTS.

On 03/12/04, I GAVE MR. IVAN A LIST FOR THE ABOVE MATERIAL. On 03/18/04, I ASKED MR. IVAN FOR THE ABOVE SUPPLIES AGAIN. On 03/12/04, I SENT A REQUEST TO THE BUSINESS MANAGER ASKING FOR THE ABOVE SUPPLIES. YET I HAVE NOT RECEIVED THE ABOVE SUPPLIES YET. On 03/18/04, I SENT A REQUEST TO MRS. HIGGINS ASKING FOR THE ABOVE SUPPLIES TO NO AVAIL.

B. List actions taken and staff you have contacted, before submitting this grievance.

From 01/20/04, I HAVE REQUESTED THE ABOVE SUPPLIES WEEKLY FROM CAPTAIN HALL, PRC/DEPUTY JACKSON, SUPERINTENDENT FOLINO TO NO AVAIL. I FILE A GRIEVANCE AND APPEAL TO CAMP HILL AND SENT A MOTION TO THE SUPERIOR COURT AND THE UNITED STATES DISTRICT COURT. GOVERNOR RENDELL AND CONGRESSMAN CHATHAM TATTLED TO CAMP HILL. GREENE STAFF TO GIVE ME THESE SUPPLIES IMMEDIATELY.

Your grievance has been received and will be processed in accordance with DC-ADM 804. SUPPLIES IMMEDIATELY.

Signature of Facility Grievance Coordinator

Date

S/A-GRN.001
Rev. 07/14/03

**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
SCI GREENE
OFFICE OF THE SUPERINTENDENT
724-852-2902**

February 17, 2004

SUBJECT: Appeal of Grievance 74129

TO: Mr. Rankin [REDACTED]
I Unit, B Pod

FROM: Louis S. Folino
Superintendent

I am in receipt of your 02/12/04 appeal of Grievance Number 74129.

If this issue is important to you, please use your name of commitment and re-submit within 5 days.

Your instant appeal is dismissed

Attach.: Grievance Number 74129

CC: Deputies' Complex (1)
CSA Grievance File at 74129
DC-15 EU 5850

(inmate 2004\grievances\appeal correspondence\EU 5850 Rankin and Grievance Number 74129.02-17-04)

DATE: March 22, 2004

SUBJECT: Grievance Rejection Form

TO: Mr. Rankin, EU-5850
F Unit, B Rod

FROM: Sharon L. D'Eletto
Superintendent's Assistant

FOR OFFICIAL USE ONLY
79148
GRIEVANCE NUMBER

The attached grievance is being returned to you because you have failed to comply with the provision(s) of DC-ADM 804, Inmate Grievance System:

1. Grievances related to the following issues shall be handled according to procedures specified in the policies listed and shall not be reviewed by the Facility Grievance Coordinator:
 - a. DC-ADM 801-Inmate Disciplinary and Restricted Housing Unit Procedures
 - b. DC-ADM 802-Administrative Custody Procedures
 - c. other policies not applicable to DC-ADM 804.
2. Block B must be completed, as per the Instruction #3 of the Official Inmate Grievance Form.
3. The grievance does not indicate that you were personally affected by a Department or facility action or policy.
4. Group grievances are prohibited.
5. **The grievance was not signed and/or dated.**
6. Grievances must be legible and presented in a courteous manner.
7. The grievance exceeded the two (2) page limit. Description needs to be brief.
8. Grievances based upon different events shall be presented separately.
9. The grievance was not submitted within fifteen (15) working days after the events upon which claims are based.
10. You are currently under grievance restriction. You may not file any grievances until _____.
11. Grievance involves matter(s) that occurred at another facility and should be directed by the inmate to the appropriate facility.
12. The issue(s) presented on the attached grievance has been reviewed and addressed previously.

Additional Comments:

SLD/djk

CC: FILE
DC-15

DC-804 *Sgt. Grego*
Part 1 *2/10/04*

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA 17001-0598

FOR OFFICIAL USE ONLY
79148
GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR <i>Sharon Deletto</i>	FACILITY: <i>SCI-GREENE</i>	DATE: <i>03/19/04</i>
FROM: (INMATE NAME & NUMBER) <i>Derrick Rankine EU 5850</i>	SIGNATURE OF INMATE: <i>Derrick Rankine</i>	
WORK ASSIGNMENT: <i>\$1553/day relief requested</i>	HOUSING ASSIGNMENT: <i>RHU FIB-7</i>	

INSTRUCTIONS:

- 1 Refer to the DC-ADM 804 for procedures on the inmate grievance system.
- 2 State your grievance in Block A in a brief and understandable manner.
- 3 List in Block B any actions you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages.

Since Monday 03/15/04, I am without a pen. I ASKED CLO STICKLES FOR A PEN ON TUESDAY, WEDNESDAY, THURSDAY AND TODAY; AND CLO STICKLES REFUSED TO GIVE ME A PEN BECAUSE I REFUSED TO HAVE A HOMOSEXUAL RELATIONSHIP WITH HIM AND REPORTED HIM TO Sgt. Santoyo OYO FOR GIVING ME A HIGH PROTEIN TRAY WITH SUGAR ON THIS DINNER TRAY; AND THAT I DONT WISHED TO BE A FRIEND OF ANY MAN PERIOD. CLO STICKLES TOLD ME THAT TOLD ME THAT HE WILL NOT GIVE ME A PEN, RAZOR, SOAP OR OINTMENT UNLESS I BECOME HIS FRIEND. I WOULD LIKE A PERMANENT SEPARATION FROM CLO STICKLES, THIS IS MY THIRD REQUEST TO YOU ALL.

B. List actions taken and staff you have contacted, before submitting this grievance.

I INFORMED Sgt. Santoyo and Grego OF ALL THE ABOVE AND ON 03/17/04 Sgt. Connor told me that I would BE LEAVING THIS POD ON 03/11/04; SINCE I AM NOT HAVING ANY OBSERVATION. I ALSO SENT REQUESTS TO PRC AND SUPERINTENDENT FOLINO AND FILED A GRIEVANCE ABOUT THE ABOVE. I ALSO SENT A LETTER TO JUDGE BAXTER AND SECRETARY BEARD.

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator

Date

COMWELL WEALTH OF PENNSYLVANIA
ARTMENT OF CORRECTIONS
OFFICE OF THE SUPERINTENDENT'S ASSISTANT.
SCI-GREENE

DATE: March 25, 2004

SUBJECT: Grievance Rejection Form

TO: Mr. Rankin, EU-5850

F Unit, B Pod

Sharon D'Elotto
FROM: Sharon L. D'Elotto

Superintendent's Assistant

FOR OFFICIAL USE ONLY

79523

GRIEVANCE NUMBER

The attached grievance is being returned to you because you have failed to comply with the provision(s) of DC-ADM 804, Inmate Grievance System:

1. Grievances related to the following issues shall be handled according to procedures specified in the policies listed and shall not be reviewed by the Facility Grievance Coordinator:
 - a. DC-ADM 801-Inmate Disciplinary and Restricted Housing Unit Procedures.
 - b. DC-ADM 802-Administrative Custody Procedures.
 - c. Other policies not applicable to DC-ADM 804.
2. Block B must be completed, as per the Instruction #3 of the Official Inmate Grievance Form.
3. The grievance does not indicate that you were personally affected by a Department or facility action or policy.
4. Group grievances are prohibited.
5. **The grievance was not signed and/or dated.**
6. Grievances must be legible and presented in a courteous manner.
7. The grievance exceeded the two (2) page limit. Description needs to be brief.
8. **Grievances based upon different events shall be presented separately.**
9. The grievance was not submitted within fifteen (15) working days after the events upon which claims are based.
10. You are currently under grievance restriction. You may not file any grievances until _____
Date
11. Grievance involves matter(s) that occurred at another facility and should be directed by the inmate to the appropriate facility.
12. The issue(s) presented on the attached grievance has been reviewed and addressed previously.

Additional Comments:

SLD/tls

cc: FILE
DC-15

DC-804
Part 1COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA 17001-0598FOR OFFICIAL USE ONLY
79523
GRIEVANCE NUMBER

28

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR Sharon D Eletto	FACILITY: SCI Greene	DATE: 03/24/04
FROM: (INMATE NAME & NUMBER) DERRICK RANKINE EU5850	SIGNATURE of INMATE: Derrick Rankine	
WORK ASSIGNMENT: \$1000/day RELIEF REQUESTED.	HOUSING ASSIGNMENT: F/B-7	

INSTRUCTIONS:

- 1 Refer to the DC-ADM 804 for procedures on the inmate grievance system.
- 2 State your grievance in Block A in a brief and understandable manner.
- 3 List in Block B any actions you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages.

From 02/22/04, I HAVE BEEN CONFINED in a cell
 ① Without a desk or chair, without shower, without a
 changed of clothing from 02/22/04 to 03/07/04, without
 food from 02/22/04 to 03/01/04, without access to the
 ② yard or law library from 02/22/04 to 03/24/04,
 ③ yet on 03/22/04, I WAS STRIPPED SEARCHED by
 C/O Coy and C/O Schnap then denied yard because
 ④ I refused to be "NICE and Friendly" to C/O Coy
 and Schnap. Why in the NUD-E. I WAS FORCABLY STRIPPED
 SEARCHED by C/O Coy and C/O Schnap.

B. List actions taken and staff you have contacted, before submitting this grievance.

I ASKED TO SPEAK to Sgt. Conner on 02/22/04, who ran off the pod then pressed the button and asked to speak with RHU Lt. or Captain Hall, to no avail. I then informed Mr. Evan on 02/22/04.

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator

Date

S/A-GRN.001
Rev. 07/14/03

**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
SCI GREENE
OFFICE OF THE SUPERINTENDENT
724-852-2902**

March 31, 2004

SUBJECT: Appeal of Rejected Grievance 79523

TO: Mr. Rankin EU 5850
F Unit, B Pod

FROM: Louis S. Folino
Superintendent

I am in receipt of your 03/28/04 appeal of the Grievance Coordinator's rejection of Grievance Number 79523. I have reviewed your grievance packet and the Grievance Coordinator's rationale for rejecting your grievance, dated 03/25/04.

Insofar as name of commitment is Derrick Rankin, please use that name on all correspondence with the Department of Corrections.

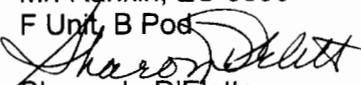
Your instant appeal is denied.

Attach.: Rejected Grievance Number 79523

CC: Deputies' Complex (1)
CSA Grievance File at 79523
DC-15 EU 5850

(inmate 2004\grievances\rejection appeal\EU 5850 Rankin and Grievance Number 79523.03-31-04)

Form DC-135A		Commonwealth of Pennsylvania Department of Corrections
INMATE'S REQUEST TO STAFF MEMBER GRIEVANCE APPEAL #79523		INSTRUCTIONS Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.
1. To: (Name and Title of Officer) <u>Superintendent Fulino</u>	2. Date: <u>03/28/04</u>	3. By: (Print Inmate Name and Number) <u>Derrick Rankine, EU 5850</u>
4. Counselor's Name <u>Mr. Ivan</u>	5. Unit Manager's Name <u>Captain Hall</u>	6. Work Assignment <u>\$1553/day relief requested.</u>
7. Housing Assignment <u>RHU FIB-7.</u>		
8. Subject: State your request completely but briefly. Give details. <p>Again, my grievances were always signed and dated so the grievance officer needs glasses or to stop using the drugs that he is using. There were no one being presented on this grievance but the grievance officer was given the privilege and continuous abuse that I have been subjected since 01/20/04, without provocation or justification.</p> <p>From 02/22/04 I have been confined in a cell without a desk and chair; without a shower, soap, toothpaste, pgm etc.</p> <p>From 02/22/04 to 03/07/04, without any of my legal, mails, religious or educational property.</p> <p>From 02/22/04 to 03/07/04 with food, medication or medical attention. From 02/22/04 with access to the law library.</p> <p>From 02/29/04 with heat, clothing, thermal undergarments and access to the yard; yet on 03/22/04 I was forcibly stripped searched by CLOCoy and Schnap then denied yard because I was "NOT NICE and FRIENDLY" to CLOCoy and Schnap while nude. I asked to speak to Sgt. Conner and Sgt. Conner ran off the pod. I also pressed the emergency button and asked to speak to the RHU or Captain Hall to no avail. I then informed Mr. Ivan of this on 03/22/04.</p>		
<input type="checkbox"/> To DC-14 CAR only		<input type="checkbox"/> To DC-14 CAR and DC-15 IRS
Staff Member Name _____ Print _____ / _____ Sign _____ Date _____		

DATE: March 25, 2004
SUBJECT: Grievance Rejection Form
TO: Mr. Rankin, EU-5850
F Unit, B Pod

FROM: ~~Sharon L. D'Eletto~~
Sharon L. D'Eletto
Superintendent's Assistant

FOR OFFICIAL USE ONLY
79524
GRIEVANCE NUMBER

The attached grievance is being returned to you because you have failed to comply with the provision(s) of DC-ADM 804, Inmate Grievance System:

1. Grievances related to the following issues shall be handled according to procedures specified in the policies listed and shall not be reviewed by the Facility Grievance Coordinator:
 - a. DC-ADM 801-Inmate Disciplinary and Restricted Housing Unit Procedures.
 - b. DC-ADM 802-Administrative Custody Procedures.
 - c. Other policies not applicable to DC-ADM 804.
2. Block B must be completed, as per the Instruction #3 of the Official Inmate Grievance Form.
3. The grievance does not indicate that you were personally affected by a Department or facility action or policy.
4. Group grievances are prohibited.
5. **The grievance was not signed and/or dated.**
6. Grievances must be legible and presented in a courteous manner.
7. The grievance exceeded the two (2) page limit. Description needs to be brief.
8. Grievances based upon different events shall be presented separately.
9. The grievance was not submitted within fifteen (15) working days after the events upon which claims are based.
10. You are currently under grievance restriction. You may not file any grievances until _____.
Date _____
11. Grievance involves matter(s) that occurred at another facility and should be directed by the inmate to the appropriate facility.
12. The issue(s) presented on the attached grievance has been reviewed and addressed previously.

Additional Comments:

SLD/tls

cc: FILE
DC-15

DC-804
Part 1COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA 17001-0598

FOR OFFICIAL USE ONLY

79524

GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR Sharon DELETTI	FACILITY: SCI Greene	DATE: 03/24/04
FROM: (INMATE NAME & NUMBER) DERRICK RANKING BU5850	SIGNATURE OF INMATE: Derrick Rankine	
WORK ASSIGNMENT:	HOUSING ASSIGNMENT: RHU FB-7	

INSTRUCTIONS:

- 1 Refer to the DC-ADM 804 for procedures on the inmate grievance system.
- 2 State your grievance in Block A in a brief and understandable manner.
- 3 List in Block B any actions you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages.

Since 03/21/04, C/O HENDERSEN HAVE CONSISTENTLY REJECTED TO GIVE ME A PEN, SHOWER, TOOTHPASTE AND A SHOWER, IN RETALIATION FOR FILING JUSTIFIABLE GRIEVANCE AGAINST C/O STICKLES.

According to C/O HENDERSEN "YOU MUST WRITE DRAW ALL GRIEVANCES AGAINST ALL STAFF MEMBERS AND DO WHAT C/O STICKLES WANT YOU TO DO "NIGGER" AND WHY DO YOU THINK YOU ARE BETTER THAN THE OTHERS?"

Today C/O HENDERSEN CLAIMED "YOU ARE NOT INDIGENT AND THAT THERE ARE NO PENS IN THE RHU. I WOULD LIKE A PERMANENT SEPARATION STICKLES AND HENDERSEN

B. List actions taken and staff you have contacted, before submitting this grievance.

On 03/22/04, I TALKED WITH MR IVAN AND MR IVAN TALKED WITH C/O HENDERSEN THAT I WAS INDIGENT AND THAT HE WAS TO GIVE ME MY SUPPLIES; YET 03/24/04 C/O HENDERSEN AGAIN REJECTED TO GIVE ME MY SUPPLIES. I WILL FILE PROTECTIVE CUSTODY FROM C/O HENDERSEN

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator

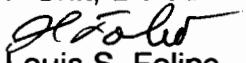
Date

S/A-GRN.001
Rev. 07/14/03

**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
SCI GREENE
OFFICE OF THE SUPERINTENDENT
724-852-2902**

March 31, 2004

SUBJECT: Appeal of Rejected Grievance 79524

TO: Mr. Rankin EU 5850
F Unit, B Pod

FROM: Louis S. Folino
Superintendent

I am in receipt of your 03/28/04 appeal of the Grievance Coordinator's rejection of Grievance Number 79524. I have reviewed your grievance packet and the Grievance Coordinator's rationale for rejecting your grievance, dated 03/25/04.

Insofar as name of commitment is Derrick Rankin, please use that name on all correspondence with the Department of Corrections.

Your instant appeal is denied.

Attach.: Rejected Grievance Number 79524

CC: Deputies' Complex (1)
CSA Grievance File at 79524
DC-15 EU 5850

(inmate 2004\grievances\rejection appeal\EU 5850 Rankin and Grievance Number 79524.03-31-04)

Form DC-135A

Commonwealth of Pennsylvania
Department of Corrections

INMATE'S REQUEST TO STAFF MEMBER

GRIEVANCE APPEAL
79524

1. To: (Name and Title of Officer)

SUPERINTENDENT FULINO

3. By: (Print Inmate Name and Number)

DERRICK RANKINE EU 5850**Derrick Rankine**

Inmate Signature

6. Work Assignment

\$255/DAY RE~~IS~~ REQUESTED.

8. Subject: State your request completely but briefly. Give details.

THE GRIEVANCE OFFICER MUST BE BLIND OR JUST PLAIN STUPID, MY GRIEVANCES WERE ALWAYS SIGNED AND DATED, MY NAME IS, WAS AND WILL ALWAYS BE DERRICK ANTHONY RANKINE AND THAT IS THE ONLY WAY I WILL EVER SPELL OR SIGN MY NAME SO YOU WOULD BETTER CORRECT MY NAME OR I WILL MAKE THE COURTS FORCE YOU TO CORRECT THE SPELLING OF MY FATHER'S NAME.

NOW, SINCE 03/21/04, C/O HENDERSEN HAVE CONSISTENTLY REFUSED TO GIVE ME A PEN, A SHOWER, TOOTHPASTE, SOAP, LOTION AND OINTMENT IN PREPARATION FOR FILING JUSTIFIABLE GRIEVANCES AGAINST C/O STICKLES.

ACCORDING TO C/O HENDERSEN & YOU MUST WITHDRAW ALL GRIEVANCES AGAINST ALL STAFF MEMBERS AND DO WHAT C/O STICKLES WANT YOU TO DO "NIGGER" AND WHY DO YOU THINK YOU ARE BETTER THAN THE "OTHERS". TODAY 03/24/04, C/O HENDERSEN CLAIMED "YOU ARE NOT INDIGENT AND THERE ARE NO PENS IN THE RHU" & INFORMED SST AGOSTINI, LITIG CONNER AND LUBBINS OF THE ABOVE AND MR. IVAN TOLD C/O HENDERSEN THAT I

IVAN ALSO TOLD C/O HENDERSEN THAT I WAS INDIGENT AND THAT C/O HENDERSEN WAS TO GIVE ME MY SUPPLIES, YET C/O HENDERSEN CONSISTENTLY REFUSED TO GIVE ME MY SUPPLIES. I WOULD LIKE A PERMANENT SEPARATION FROM C/O HENDERSEN AND STICKLES AND "BLASER" AT THIS JUNE WITH C/O ANDERSON.

I WOULD LIKE A SOAP, SOME OINTMENT, A SHOWER AND PENS, PENS FOR MY TWO EMPTY PENS, AND AN INDIGENT RIGH ON MY DOOR, ALSO I NEED 4 BARS OF SOAP, SINCE I HAVE NOT RECEIVED A SHOWER SINCE 02/19/04. KEEP IT BULLY,

Derrick RankineTo DC-14 CAR only To DC-14 CAR and DC-15 IRS

Staff Member Name _____

Print _____

1

Sign _____

Date _____

DC-804
Part 1COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA 17001-0598

FOR OFFICIAL USE ONLY

79524

GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR Sharon DELETTI	FACILITY: SCZ GREENE	DATE: 03/24/04
FROM: (INMATE NAME & NUMBER) DERRICK RANKING BU5850	SIGNATURE OF INMATE: Derrick Rankine	
WORK ASSIGNMENT:	HOUSING ASSIGNMENT: RHU FB-7	

INSTRUCTIONS:

- 1 Refer to the DC-ADM 804 for procedures on the inmate grievance system.
- 2 State your grievance in Block A in a brief and understandable manner.
- 3 List in Block B any actions you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages.

Since 03/21/04, C/O HENDERSEN HAVE CONSISTENTLY REFUSED TO GIVE ME A PEN, SHOWER, TOOTHPASTE AND A SHOWER, IN RETALIATION FOR FILING JUSTIFIABLE GRIEVANCE AGAINST C/O STICKLES.

According to C/O HENDERSEN "YOU MUST WITHDRAW ALL GRIEVANCES AGAINST ALL STAFF MEMBERS AND DO WHAT C/O STICKLES WANT YOU TO DO "NIGGER" AND WHY DO YOU THINK YOU ARE BETTER THAN THE OTHERS?"

Today C/O HENDERSEN CLAIMED "YOU ARE NOT INDIGENT AND THAT THERE ARE NO PENS IN THE RHU. I WOULD LIKE A PERMANENT SEPARATION STICKLES AND HENDERSEN

B. List actions taken and staff you have contacted, before submitting this grievance.

On 03/22/04, I TALKED WITH MR IVAN AND MR IVAN TALKED WITH C/O HENDERSEN THAT I WAS INDIGENT AND THAT HE WAS TO GIVE ME MY SUPPLIES; YET 03/24/04 C/O HENDERSEN AGAIN REFUSED TO GIVE ME MY SUPPLIES. I WOULD LIKE PROTECTIVE CUSTODY FROM C/O HENDERSEN

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator

Date

CC: COMMONWEALTH OF PENNSYLVANIA
 DEPARTMENT OF CORRECTIONS
 OFFICE OF THE SUPERINTENDENT'S ASSISTANT
 SCI-GREENE

DATE: March 30, 2004

SUBJECT: Grievance Rejection Form

TO: Mr. Rankin, EU-5850
 F Unit, B Pod

FROM: 
 Sharon L. D'Eletto
 Superintendent's Assistant

FOR OFFICIAL USE ONLY
79871
GRIEVANCE NUMBER

The attached grievance is being returned to you because you have failed to comply with the provision(s) of DC-ADM 804, Inmate Grievance System:

1. Grievances related to the following issues shall be handled according to procedures specified in the policies listed and shall not be reviewed by the Facility Grievance Coordinator:
 - a. DC-ADM 801-Inmate Disciplinary and Restricted Housing Unit Procedures.
 - b. DC-ADM 802-Administrative Custody Procedures.
 - c. Other policies not applicable to DC-ADM 804.
2. Block B must be completed, as per the Instruction #3 of the Official Inmate Grievance Form.
3. The grievance does not indicate that you were personally affected by a Department or facility action or policy.
4. Group grievances are prohibited.
5. **The grievance was not signed and/or dated.**
6. Grievances must be legible and presented in a courteous manner.
7. The grievance exceeded the two (2) page limit. Description needs to be brief.
8. Grievances based upon different events shall be presented separately.
9. The grievance was not submitted within fifteen (15) working days after the events upon which claims are based.
10. You are currently under grievance restriction. You may not file any grievances until _____.
Date
11. Grievance involves matter(s) that occurred at another facility and should be directed by the inmate to the appropriate facility.
12. The issue(s) presented on the attached grievance has been reviewed and addressed previously.

Additional Comments:

SLD/tls

cc: FILE
 DC-15

DC-804
Part 1COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA 17001-0598FOR OFFICIAL USE ONLY
79871
GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR <u>SCI GREENE</u>	FACILITY: <u>SCI GREENE</u>	DATE: <u>03/29/04</u>
FROM: (INMATE NAME & NUMBER) <u>DERRICK RANKINE EU5850</u>	SIGNATURE OF INMATE: <u>Derrick Rankine</u>	
WORK ASSIGNMENT: <u>\$1500 day relief requested.</u>	HOUSING ASSIGNMENT: <u>RHU PIB</u>	

INSTRUCTIONS:

- 1 Refer to the DC-ADM 804 for procedures on the inmate grievance system.
- 2 State your grievance in Block A in a brief and understandable manner.
- 3 List in Block B any actions you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages.

Since 03/02/04, I have been given coffee with spit in it by CIO Henry, Coy, Thompson, Mooney, Bowen Engelhardt, Jordan and Sgt Conner and CIO Stump. I would like a permanent separation from all the above individuals. I have already request a separation order from the United States District Court.

~~No further follows~~

B. List actions taken and staff you have contacted, before submitting this grievance.

I sent a request to Captain Hall, who informed Mr. Ivan and all medical staff and signed myself off my diet. I also sent a request to PRCI Deputy Jackson and to Superintendent Folino, yet the insipid and despicable action continues.

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator

Date

DATE: March 30, 2004
SUBJECT: Grievance Rejection Form
TO: Mr. Rankin, EU-5850
F Unit, B Pod
FROM: 
Sharon L. D'Eletto
Superintendent's Assistant

FOR OFFICIAL USE ONLY
79870
GRIEVANCE NUMBER

The attached grievance is being returned to you because you have failed to comply with the provision(s) of DC-ADM 804, Inmate Grievance System:

1. **Grievances related to the following issues shall be handled according to procedures specified in the policies listed and shall not be reviewed by the Facility Grievance Coordinator:**
 - a. **DC-ADM 801-Inmate Disciplinary and Restricted Housing Unit Procedures.**
 - b. DC-ADM 802-Administrative Custody Procedures.
 - c. Other policies not applicable to DC-ADM 804.
2. Block B must be completed, as per the Instruction #3 of the Official Inmate Grievance Form.
3. The grievance does not indicate that you were personally affected by a Department or facility action or policy.
4. Group grievances are prohibited.
5. **The grievance was not signed and/or dated.**
6. Grievances must be legible and presented in a courteous manner.
7. The grievance exceeded the two (2) page limit. Description needs to be brief.
8. Grievances based upon different events shall be presented separately.
9. The grievance was not submitted within fifteen (15) working days after the events upon which claims are based.
10. You are currently under grievance restriction. You may not file any grievances until _____.
Date _____
11. Grievance involves matter(s) that occurred at another facility and should be directed by the inmate to the appropriate facility.
12. The issue(s) presented on the attached grievance has been reviewed and addressed previously.

Additional Comments:

SLD:tls

cc: FILE
DC-15

DC-804
Part 1COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA 17001-0598

FOR OFFICIAL USE ONLY

179870

GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR Sharon Deletto	FACILITY: SCT GREENE	DATE: 03/29/04
FROM: (INMATE NAME & NUMBER) DERRICK RANKINE EU5850	SIGNATURE of INMATE: Derrick Rankine	
WORK ASSIGNMENT: \$120,000 RELIEF REQUESTED	HOUSING ASSIGNMENT: RHU FIB-7	

INSTRUCTIONS:

- 1 Refer to the DC-ADM 804 for procedures on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. List in Block B any actions you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages.

On 02/26/04, I was given a misconduct and a hearing the same and sentence to 120 day DC time. On 03/04/04, I sent my appeal to PRC, by CIO Sticks, yet I have received no response from the PRC as yet.

B. List actions taken and staff you have contacted, before submitting this grievance.

On 03/20/04, I filed an appeal by CIO Engelhardt to Superintendent Folino. On 03/28/04 CIO Bowen took another request to PRC from me asking for PRC request response to my misconduct appeal and I sent an appeal to O.P.R. and Secretary Beard.

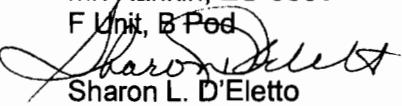
Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator

Date

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
OFFICE OF THE SUPERINTENDENT'S ASSISTANT
SCI-GREENE**DATE:** March 31, 2004**SUBJECT:** Grievance Rejection Form**TO:** Mr. Rankin, EU-5850

F Unit, B Pod

FROM: 
Sharon L. D'Eletto
Superintendent's Assistant

FOR OFFICIAL USE ONLY
79970
GRIEVANCE NUMBER

The attached grievance is being returned to you because you have failed to comply with the provision(s) of DC-ADM 804, Inmate Grievance System:

1. Grievances related to the following issues shall be handled according to procedures specified in the policies listed and shall not be reviewed by the Facility Grievance Coordinator:
 - a. DC-ADM 801-Inmate Disciplinary and Restricted Housing Unit Procedures
 - b. DC-ADM 802-Administrative Custody Procedures
 - c. other policies not applicable to DC-ADM 804.
2. Block B must be completed, as per the Instruction #3 of the Official Inmate Grievance Form.
3. The grievance does not indicate that you were personally affected by a Department or facility action or policy.
4. Group grievances are prohibited.
5. **The grievance was not signed and/or dated.**
6. Grievances must be legible and presented in a courteous manner.
7. The grievance exceeded the two (2) page limit. Description needs to be brief.
8. Grievances based upon different events shall be presented separately.
9. **The grievance was not submitted within fifteen (15) working days after the events upon which claims are based.**
10. You are currently under grievance restriction. You may not file any grievances until _____.
11. Grievance involves matter(s) that occurred at another facility and should be directed by the inmate to the appropriate facility.
12. The issue(s) presented on the attached grievance has been reviewed and addressed previously.

Additional Comments:

SLD/ack

CC: FILE
DC-15

DC-804
Part 1COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA 17001-0598

FOR OFFICIAL USE ONLY

79970

GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR Ms. Sharon L Delleto	FACILITY: SCI Greene	DATE: 03/13/04
FROM: (INMATE NAME & NUMBER) DERRICK Rankine E15850	SIGNATURE OF INMATE: Derrick Rankine	3/13/04
WORK ASSIGNMENT:	HOUSING ASSIGNMENT: RHU FB-T	

INSTRUCTIONS:

- 1 Refer to the DC-ADM 804 for procedures on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. List in Block B any actions you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages.

Since 03/08/04, I HAVE BEEN asking CIO Blake
CIO Stuckles and Sgt. Santoyo FOR A PEN AND A
toothpaste and A toothbrush.
CIO Stuckles wants me to become his "friend"
and have an agreement with him. CIO Blake told
me that "WE HAVE TO WORK THIS OUT TOGETHER"
both officers refused to give me these supplies.
Today I WAS INFORMED by CIO Anderson that
I was not on the indigent list. I INFORMED CIO
Anderson that I HAVE BEEN INDIGENT SINCE MARCH
23, 2000; and show him A LETTER FROM Lt.
GUMBAREVIC PROVING THAT I AM INDIGENT. CIO Blake
AGAIN REPEATED HIS DEMAND "WE HAVE TO WORK THIS
OUT TOGETHER".

B. List actions taken and staff you have contacted, before submitting this grievance.

I INFORMED Sgt. Santoyo ON 03/10/04 and 03/11
/04 that I was INDIGENT and OF THESE REMARKS
by CIO Blake and CIO Stuckles. I DO NOT WISH TO
WORK OUT ANYTHING WITH CIO Blake AND I WILL NEVER
BE A FRIEND OF CIO Stuckles SINCE I AM NOT A HOMOSEXUAL
AND NEVER WILL BE A Faggot. I AM A CRIMINAL.

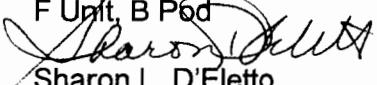
Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator

Date

DATE: March 31, 2004

SUBJECT: Grievance Rejection Form

TO: Mr. Rankin, EU-5850
F Unit, B Pod

FROM: Sharon L. D'Eletto
Superintendent's Assistant

FOR OFFICIAL USE ONLY
79971
GRIEVANCE NUMBER

The attached grievance is being returned to you because you have failed to comply with the provision(s) of DC-ADM 804, Inmate Grievance System:

1. Grievances related to the following issues shall be handled according to procedures specified in the policies listed and shall not be reviewed by the Facility Grievance Coordinator:
 - a. DC-ADM 801-Inmate Disciplinary and Restricted Housing Unit Procedures
 - b. DC-ADM 802-Administrative Custody Procedures
 - c. other policies not applicable to DC-ADM 804.
2. Block B must be completed, as per the Instruction #3 of the Official Inmate Grievance Form.
3. The grievance does not indicate that you were personally affected by a Department or facility action or policy.
4. Group grievances are prohibited.
5. **The grievance was not signed and/or dated.**
6. Grievances must be legible and presented in a courteous manner.
7. The grievance exceeded the two (2) page limit. Description needs to be brief.
8. Grievances based upon different events shall be presented separately.
9. **The grievance was not submitted within fifteen (15) working days after the events upon which claims are based.**
10. You are currently under grievance restriction. You may not file any grievances until _____.
11. Grievance involves matter(s) that occurred at another facility and should be directed by the inmate to the appropriate facility.
12. The issue(s) presented on the attached grievance has been reviewed and addressed previously.

Additional Comments:

SLD/ack

CC: FILE
DC-15

DC-804
Part 1COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA 17001-0598

FOR OFFICIAL USE ONLY

79971

GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR SCI-GREENE	FACILITY: SCI-GREENE	DATE: 03/06/04
FROM: (INMATE NAME & NUMBER) DERRICK RANKINE EU5850	SIGNATURE of INMATE: Derrick Rankine	<i>Rec'd 03/13/04</i>
WORK ASSIGNMENT: \$1553/day relief requested	HOUSING ASSIGNMENT: BHU/FA-7	

INSTRUCTIONS:

- 1 Refer to the DC-ADM 804 for procedures on the inmate grievance system.
- 2 State your grievance in Block A in a brief and understandable manner.
- 3 List in Block B any actions you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages.

On 03/05/04, I WAS MOVED From FB-7 to FA-7. I continued to ASKED FOR A BLANKET, TWO SHEETS, 2 TOWELS, SOAP, WASH RAGS AND A CHANGE OF CLOTHING WITH MY PROPERTY TO NO AVAIL.

On 03/06/04, I WAS FORCIBLY STRIPPED, SEARCHED AND MY CELL WAS SEARCHED, MY MATTRESS AND PILLOW WAS REMOVED FROM MY CELL BY SGT. SANTOYO.

I WAS TOLD BY CIO BLAKE THAT DR. SACKS TOLD HIM NOT TO GIVE ME ANY OF MY PROPERTY, TOOTHPASTE, TOOTHBRUSH, PEN, SHEETS, BLANKET, SOAP OR CHANGE OF CLOTHING, UNDERWEAR OR MY LEGAL PROPERTY OR ETC.

B. List actions taken and staff you have contacted, before submitting this grievance.

I SPOKE TO DR. SACKS ON 02/24/04, 02/25/04, 02/26/04, 03/01/04, 03/03/04, 03/04/04 AND DR. SACKS TOLD ME, THAT I WAS IN THE OBSERVATION CELL BY SECURITY; AND THAT HE DONT KNOW WHY I HAVE NOT RECEIVED ALL MY PROPERTY FROM 02/23/04. I ASKED TO SEE AND SPEAK TO MR. IVAN DAILY TO NO AVAIL.

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator

Date

DEPARTMENT OF CORRECTIONS
OFFICE OF THE SUPERINTENDENT'S ASSISTANT
SCI-GREENE

DATE: April 9, 2004

FOR OFFICIAL USE ONLY

80901

SUBJECT: Grievance Rejection Form

GRIEVANCE NUMBER

TO: Mr. Rankin, EU-5850

F Unit, D Pod

FROM: 
Sharon L. D'Eletto
Superintendent's Assistant

The attached grievance is being returned to you because you have failed to comply with the provision(s) of DC-ADM 804, Inmate Grievance System:

1. Grievances related to the following issues shall be handled according to procedures specified in the policies listed and shall not be reviewed by the Facility Grievance Coordinator:
 - a. DC-ADM 801-Inmate Disciplinary and Restricted Housing Unit Procedures
 - b. DC-ADM 802-Administrative Custody Procedures
 - c. other policies not applicable to DC-ADM 804.
2. Block B must be completed, as per the Instruction #3 of the Official Inmate Grievance Form.
3. The grievance does not indicate that you were personally affected by a Department or facility action or policy.
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5. **The grievance was not signed and/or dated.**
6. Grievances must be legible and presented in a courteous manner.
7. The grievance exceeded the two (2) page limit. Description needs to be brief.
8. Grievances based upon different events shall be presented separately.
9. **The grievance was not submitted within fifteen (15) working days after the events upon which claims are based.**
10. You are currently under grievance restriction. You may not file any grievances until _____.
11. Grievance involves matter(s) that occurred at another facility and should be directed by the inmate to the appropriate facility.
12. The issue(s) presented on the attached grievance has been reviewed and addressed previously.

Additional Comments: The Grievance Coordinator cannot adequately review your grievance as you have not provided a date on which the issue in question is alleged to have occurred. If this grievance issue is still of concern to you, please supply a date or dates on which the issue occurred and resubmit the grievance form using the same grievance number provided on the grievance form. Please resubmit the corrected grievance form within five (5) working days. DO NOT USE A GRIEVANCE NUMBER FOR ANY OTHER ISSUE.

SLD/djk

CC: FILE
DC-15

DC-804
Part 1COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA 17001-0598

FOR OFFICIAL USE ONLY

80901

GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR Sharon Deleto	FACILITY: SCT-GREENG	DATE: 01/08/04
FROM: (INMATE NAME & NUMBER) DERRICK Rankine EU5850	SIGNATURE OF INMATE: Derrick Rankine	
WORK ASSIGNMENT:	HOUSING ASSIGNMENT: RHU F109	

INSTRUCTIONS:

- 1 Refer to the DC-ADM 804 for procedures on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. List in Block B any actions you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages.

Since Monday's I HAVE BEEN DENIED ALL MEDICAL ATTENTION and my BENADRYL WHICH CAUSED my body to itch all OVER; and due to this itching I am unable to SLEEP. FOR EXAMPLE I have been up From 12:30 AM and is unable to go back to sleep due to this itching.

B. List actions taken and staff you have contacted, before submitting this grievance.

I informed the bubble C10, Henry, Coy, Schnap, Johnson and A Lt plus the Jewish Rabbi and then took all my medications that WERE in my cell; which stopped the itching. I HAVE BEEN pressing the EMERGENCY button REPEATEDLY From 12:30 AM today and asked to SEE a doctor. I saw the PA and informed him of this on 1/10/04, 1/10/04, and 1/10/04

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator

Date

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
SCI GREENE
OFFICE OF THE SUPERINTENDENT
724-852-2902
April 14, 2004

SUBJECT: Appeal of Rejected Grievance 80901

TO: Mr. Rankin, EU-5850

F Unit, B Pod


FROM: Louis S. Folino
Superintendent

I am in receipt of your 4/12/04 appeal of the Grievance Coordinator's rejection of Grievance number 80901. I have reviewed your grievance packet and the Grievance Coordinator's rationale for rejecting your grievance, dated 4/8/04.

Insofar as name of commitment is Derrick Rankin, please use that name on all correspondence with the Department of Corrections.

Your instant appeal is denied.

Attach: Grievance Appeal 80901

LSF/tls

Cc: Deputies
CSA Grievance File at 80901
DC-15 EU-5850

4/13

Form DC-135A INMATE'S REQUEST TO STAFF MEMBER GRIEVANCE APPENDIX # 80901		Commonwealth of Pennsylvania Department of Corrections
INSTRUCTIONS Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.		
1. To: (Name and Title of Officer) <u>SUPERINTENDENT FULINO</u>	2. Date: <u>04/12/04</u>	
3. By: (Print Inmate Name and Number) <u>DERRICK RANKINE EU 5850</u>	4. Counselor's Name <u>Mr. Ivan</u>	
<u>Derrick Rankine</u> Inmate Signature	5. Unit Manager's Name <u>Captain Hall</u>	
6. Work Assignment <u>31000 day ticket requested</u>	7. Housing Assignment <u>RHU Fib-9</u>	
8. Subject: State your request completely but briefly. Give details. Since Monday 04/05/04, I have been denied all medical attention and my benadryll which caused my body to itch all over; and due to this itching I am unable to sleep. For example on 04/08/04, I was up from 12:30 AM and did not go back to sleep because of this severe itching. I informed the bubble, Cluettney, Coy, Schupp, Johnson and RHULE plus the Jewish Rabbi and took all my medications that were in my cell, which stopped the itching temporarily. I have pressed the emergency button REPEATEDLY from 12:30 AM on 04/08/04 and asked to see a doctor or to be taken to medical to no avail. I saw a Physician Assistance unit 04/06/04, 04/07/04 and 04/08/04. Yet I was not given any medications to stop this itching until 04/09/04. On 04/09/04, I was given 25mg of benadryll at approximately 7pm when needed 75mg. I was on 75mg up to 04/09/04. I was informed that Dr. Conn took me off my benadryll without any consultation with me. I NEVER asked to be taken off my medications so I was tortured, to be tortured at this time I would like you to place a check for \$500.00 on my inmate account for my pain and suffering from 04/05/04 to 04/10/04. I thank you in advance for your time co-operation and consideration in this matter, and look forward to working with you and your staff in a productive and constructive manner. N.B. Today while you were on <u>Respectfully Your Brother & Servant</u> this pod, I called you to show <u>In Christ Jesus as my LORD and JUDI</u> you letters from the Court With the correct spelling of my <u>Derrick Rankine</u>		
To DC-14 CAR only <input type="checkbox"/> NAME and your rank.	To DC-14 CAR and DC-15 IRS <input type="checkbox"/>	

Staff Member Name _____ / _____ Date _____
 Print _____ Sign _____

DC-804
Part 1COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA 17001-0598

FOR OFFICIAL USE ONLY

80901

GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR <u>Sharon Deletto</u>	FACILITY: <u>SCI-GREENE</u>	DATE: <u>01/08/04</u>
FROM: (INMATE NAME & NUMBER) <u>Derrick Ranking EU5850</u>	SIGNATURE OF INMATE: <u>Derrick Ranking</u>	
WORK ASSIGNMENT: <u>RHU F109</u>	HOUSING ASSIGNMENT:	

INSTRUCTIONS:

- 1 Refer to the DC-ADM 804 for procedures on the inmate grievance system.
- 2 State your grievance in Block A in a brief and understandable manner.
- 3 List in Block B any actions you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages.

Since Monday's I HAVE BEEN DENIED ALL MEDICAL ATTENTION and my BENADRYL which caused my body to itch all OVER; and due to this itching I am unable to SLEEP. For Example I have been up From 12:30 AM and is unable to go back to sleep due to this itching.

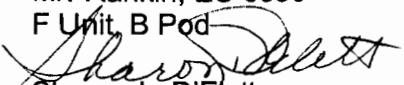
B. List actions taken and staff you have contacted, before submitting this grievance.

I informed the bubble, C10, Henry, Coy, Schnap, Johnson and a Lt plus the Jewish Rabbi and then took all my medications that were in my cell; which stopped the itching. I have been pressing the EMERGENCY button REPEATEDLY From 12:30 AM today and asked to SEE A doctor. I saw the PA and informed him of this on 1/06/04, 01/07/04, and 01/08/04

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator

Date

DATE: April 1, 2004
SUBJECT: Grievance Rejection Form
TO: Mr. Rankin, EU-5850
F Unit, B Pod

FROM: Sharon L. D'Eletto
Superintendent's Assistant

FOR OFFICIAL USE ONLY
80093
GRIEVANCE NUMBER

The attached grievance is being returned to you because you have failed to comply with the provision(s) of DC-ADM 804, Inmate Grievance System:

1. Grievances related to the following issues shall be handled according to procedures specified in the policies listed and shall not be reviewed by the Facility Grievance Coordinator:
 - a. DC-ADM 801-Inmate Disciplinary and Restricted Housing Unit Procedures.
 - b. DC-ADM 802-Administrative Custody Procedures.
 - c. Other policies not applicable to DC-ADM 804.
2. Block B must be completed, as per the Instruction #3 of the Official Inmate Grievance Form.
3. The grievance does not indicate that you were personally affected by a Department or facility action or policy.
4. Group grievances are prohibited.
5. **The grievance was not signed and/or dated.**
6. Grievances must be legible and presented in a courteous manner.
7. The grievance exceeded the two (2) page limit. Description needs to be brief.
8. Grievances based upon different events shall be presented separately.
9. The grievance was not submitted within fifteen (15) working days after the events upon which claims are based.
10. You are currently under grievance restriction. You may not file any grievances until _____ Date
11. Grievance involves matter(s) that occurred at another facility and should be directed by the inmate to the appropriate facility.
12. The issue(s) presented on the attached grievance has been reviewed and addressed previously.

Additional Comments:

SLD/tls

cc: FILE
DC-15

DC-804
Part 1COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA 17001-0598

FOR OFFICIAL USE ONLY

80093

8

GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR Sharon Deletto	FACILITY: SCI-Greene	DATE: 03/13/04
FROM: (INMATE NAME & NUMBER) DERRICK RANKINE EU5850	SIGNATURE OF INMATE: Derrick Rankine	
WORK ASSIGNMENT: #1153/dmy relief requested.	HOUSING ASSIGNMENT: RHU FB-1	

INSTRUCTIONS:

- 1 Refer to the DC-ADM 804 for procedures on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. List in Block B any actions you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages.

Since 02/22/04, C/O Bowen, Henry, Coy, Thompson, Mooney, Schnap, Stickles, Blaker, Anderson and Henderson have been denying me, grievances, requests to staff, toilet tissues, pens, soaps, toothpaste, ointment, showers, yard, access to the law library; the used of a stapler, ectect in retaliation for reporting C/O Manberry, Stephen, Rausenwinder, Blaker, Stickles, and Henderson for making homosexual demands on me. For example, today I asked C/O Bowen for 12 requests to staff, 12 cash slips and 4 sick call slip, he registered letter slips and 12 grievances; C/O Bowen said you don't NEED that many, then gave me, 2 grievances, 2 requests to staff, 2 cash slips, no medical slips.

B. List actions taken and staff you have contacted, before submitting this grievance.

I explained to C/O Bowen that I NEED at least 20 requests to staff to file my back up grievance appeals, since I was not given my property until 03/07/04 and have not received a PEB from staff since 02/19/04; so I have a lot of back up appeals to file. C/O Bowen said, don't appeal your grievances and things might get better for you; I slammed my tray slot and left, taking my requests and grievances in the process.

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator

Date

S/A-GRN.001
Rev. 07/14/03

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
SCI GREENE
OFFICE OF THE SUPERINTENDENT
724-852-2902

April 5, 2004

SUBJECT: Appeal of Rejected Grievance 80093

TO: Mr. Rankin EU 5850
F Unit, D Pod

FROM: Louis S. Folino
Superintendent

I am in receipt of your 04/04/04 appeal of the Grievance Coordinator's rejection of Grievance Number 80093. I have reviewed your grievance packet and the Grievance Coordinator's rationale for rejecting your grievance, dated 04/01/04.

Insofar as name of commitment is Derrick Rankin, please use that name on all correspondence with the Department of Corrections.

Your instant appeal is denied.

Attach.: Rejected Grievance Number 80093

CC: Deputies' Complex (1)
CSA Grievance File at 80093
DC-15 EU 5850

(inmate 2004\grievances\rejection appeal\EU 5850 Rankin and Grievance Number 80093.04-05-04)

4/15

Form DC-135A		Commonwealth of Pennsylvania Department of Corrections
INMATE'S REQUEST TO STAFF MEMBER Grievance Appeal # 80093		INSTRUCTIONS Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.
1. To: (Name and Title of Officer) <u>Superintendent Folini</u>	2. Date: <u>04/04/04</u>	3. By: (Print Inmate Name and Number) <u>DERRICK RANKINE EU5850</u> <u>Derrick Rankine</u>
4. Counselor's Name <u>Mr Ivan</u>	5. Unit Manager's Name <u>Captain Hall</u>	6. Work Assignment 7. Housing Assignment <u>FID-9 RHU.</u>
8. Subject: State your request completely but briefly. Give details. Since 02/22/04, C/O Bowen, Henry, COY, Thompson, Mooney, Schimpff, Stickles, Blaker, Anderson, Henderson and S. Conner, have been denying me the requested requests to staff, cash slips, grievances, toilet tissues, pens, soap, toothpaste, ointment, showers, yard and access to the Law Library and the used of a stapler; in retaliation for reporting C/O Maberry, Stephen, Rausenwinder, Blaker, Stickles and Henderson for making and continues to make homo sexual demands on me. For example; today, I asked C/O Bowen for 12 requests to staff, 12 grievances, 12 cash slips. He didn't call, no registered letter receipts, C/O Bowen "said you don't NEED that many, then gave me 2 grievances, 2 requests to staff, 2 cash slips, no medical slips; so my grievances and grievances appeal will be late. To be stupid. On 04/04/04, I was given 2 grievances, 2 cash slips, no sick call or registered letter receipts and 8 requests to staff by C/O Conner. It is obvious your STAFF thinks, if they denied my supplies then they can forced me to become a homo sexual and be silent about their homo sexual demands and threats and abuses - I will NEVER be silent, late but not silent. My NAME is DERRICK ANTHONY RANKINE; and my GRIEVANCE was signed and dated correctly. My commitment NAME is Derrick Anthony RANKINE since that is the only name I EVER USED, OR GAVE ANYONE. Respectfully, Semi FE. Always Faithful. Derrick Rankine Always Faithful.		
To DC-14 CAR only <input type="checkbox"/>	To DC-14 CAR and DC-15 IRS <input type="checkbox"/>	

Staff Member Name _____ / _____ Date _____
 Print _____ Sign _____

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA 17001-0598FOR OFFICIAL USE ONLY
80093
GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR Sharon D Eletto	FACILITY: SCI Greene	DATE: 03/13/04
FROM: (INMATE NAME & NUMBER) DERRICK RANKINE EU5850	SIGNATURE OF INMATE: Donald Rankine	
WORK ASSIGNMENT: #1153/dmy belief requested.	HOUSING ASSIGNMENT: RTU #3	

INSTRUCTIONS:

- 1 Refer to the DC-ADM 804 for procedures on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. List in Block B any actions you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages.

Since 02/22/04, C/O Bowen, Henry, Coy, Thompson, Mooney, Schnap, Stickles, Blaker, Anderson and Henderson have been denying me, grievances, requests to staff, violet tissues, pens, soaps, toothpaste, ointment, showers, yard access to the law library, the used of a stapler, ect. in retaliation for reporting C/O Manberry, Stephen, Rausenwinder, Blaker, Stickles, and Henderson for making homosexual demands on me. For example, today I asked C/O Bowen for 12 requests to staff, 12 cash slips and 4 sick call slip, he registered letter slips and 12 grievances; C/O Bowen said you don't need that many things give me 20 grievances, 2 requests to staff, 2 cash slips, no medical slips.

B. List actions taken and staff you have contacted, before submitting this grievance.

I explained to C/O Bowen that I NEED at least 20 requests to staff to file my back up grievance appeals, since I was not given my property until 03/07/04 and have not received a PSH from staff since 02/19/04; so I have a lot of back up appeals to file. C/O Bowen said I dont appeal your grievance and things might get better for you; I slammed my tray slot and left, taking my requests and grievances in the process.

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator

Date

DATE: April 1, 2004
SUBJECT: Grievance Rejection Form
TO: Mr. Rankin, EU-5850
F Unit, B Pod
FROM: 
Sharon L. D'Eletto
Superintendent's Assistant

FOR OFFICIAL USE ONLY
80095
GRIEVANCE NUMBER

The attached grievance is being returned to you because you have failed to comply with the provision(s) of DC-ADM 804, Inmate Grievance System:

1. Grievances related to the following issues shall be handled according to procedures specified in the policies listed and shall not be reviewed by the Facility Grievance Coordinator:
 - a. DC-ADM 801-Inmate Disciplinary and Restricted Housing Unit Procedures.
 - b. DC-ADM 802-Administrative Custody Procedures.
 - c. Other policies not applicable to DC-ADM 804.
2. Block B must be completed, as per the Instruction #3 of the Official Inmate Grievance Form.
3. The grievance does not indicate that you were personally affected by a Department or facility action or policy.
4. Group grievances are prohibited.
5. **The grievance was not signed and/or dated.**
6. Grievances must be legible and presented in a courteous manner.
7. The grievance exceeded the two (2) page limit. Description needs to be brief.
8. Grievances based upon different events shall be presented separately.
9. The grievance was not submitted within fifteen (15) working days after the events upon which claims are based.
10. You are currently under grievance restriction. You may not file any grievances until _____ Date
11. Grievance involves matter(s) that occurred at another facility and should be directed by the inmate to the appropriate facility.
12. The issue(s) presented on the attached grievance has been reviewed and addressed previously.

Additional Comments:

SLD/tls

cc: FILE
DC-15

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA 17001-0598

FOR OFFICIAL USE ONLY

80095

28
GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR Sharon D. Eletto	FACILITY: SCI Greene	DATE: 03/31/04
FROM: (INMATE NAME & NUMBER) Derrick Rankine BU5850	SIGNATURE OF INMATE: Derrick Rankine	

WORK ASSIGNMENT: \$1000/day relief requested; and all my mail	HOUSING ASSIGNMENT: RHU F-1B-7
INSTRUCTIONS: Plus a permanent separation from CLO BLAKER and 1. Refer to the DC-ADM 804 for procedures on the inmate grievance system. 2. State your grievance in Block A in a brief and understandable manner. 3. List in Block B any actions you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.	

A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages.

On 03/29/04, I gave CLO Cole 4 letters with 8 cash slips to be sent to the mail room. CLO COLE informed me that he signed my cash slip and placed my letters in the mail box; now on 03/30/04 CLO BLAKER return to me only two cash slips; when I asked for the other two cash slips, I was told that we have to work that out together by CLO BLAKER.

B. List actions taken and staff you have contacted, before submitting this grievance.

I asked CLO BLAKER for the next two cash slips and or my letters and I also asked to speak to the RHU Sgt. or Lt. to no avail. I pressed the emergency button and reported the above violation and I will be sending a request to the mail room supervisor.

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator

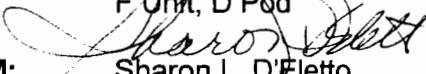
Date

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
OFFICE OF THE SUPERINTENDENT'S ASSISTANT
SCI-GREENE**DATE:** April 9, 2004**FOR OFFICIAL USE ONLY**

80902

SUBJECT: Grievance Rejection Form**GRIEVANCE NUMBER****TO:** Mr. Rankin, EU-5850

F Unit, D Pod

FROM: 
Sharon L. D'Eletto
Superintendent's Assistant

The attached grievance is being returned to you because you have failed to comply with the provision(s) of DC-ADM 804, Inmate Grievance System:

1. Grievances related to the following issues shall be handled according to procedures specified in the policies listed and shall not be reviewed by the Facility Grievance Coordinator:
 - a. DC-ADM 801-Inmate Disciplinary and Restricted Housing Unit Procedures
 - b. DC-ADM 802-Administrative Custody Procedures
 - c. other policies not applicable to DC-ADM 804.
2. Block B must be completed, as per the Instruction #3 of the Official Inmate Grievance Form.
3. The grievance does not indicate that you were personally affected by a Department or facility action or policy.
4. Group grievances are prohibited.
5. **The grievance was not signed and/or dated.**
6. Grievances must be legible and presented in a courteous manner.
7. The grievance exceeded the two (2) page limit. Description needs to be brief.
8. Grievances based upon different events shall be presented separately.
9. The grievance was not submitted within fifteen (15) working days after the events upon which claims are based.
10. You are currently under grievance restriction. You may not file any grievances until _____.
11. Grievance involves matter(s) that occurred at another facility and should be directed by the inmate to the appropriate facility.
12. The issue(s) presented on the attached grievance has been reviewed and addressed previously.

Additional Comments:

SLD/djk

CC: FILE
DC-15

DC-804
Part 1COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA 17001-0598

FOR OFFICIAL USE ONLY

80902

GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR <i>Sharon Deletto</i>	FACILITY: <i>SCI-Greene</i>	DATE: <i>01/08/04</i>
FROM: (INMATE NAME & NUMBER) <i>JERRICK Rankine EU5850</i>	SIGNATURE OF INMATE: <i>Jerrick Rankine.</i>	
WORK ASSIGNMENT:	HOUSING ASSIGNMENT: <i>RHU FIP-9</i>	

INSTRUCTIONS:

- 1 Refer to the DC-ADM 804 for procedures on the inmate grievance system.
- 2 State your grievance in Block A in a brief and understandable manner.
- 3 List in Block B any actions you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages.

Today I RECEIVED A CONFISCATION SLIP FOR 2(37) ENVELOPES. THESE ENVELOPES WERE SENT TO BE FOR LEGAL PURPOSES OR RELIGIOUS PURPOSES BY BROTHER HOHL.

PLEASE HAVE THE MAIL ROOM SENT ME MY ENVELOPES.

B. List actions taken and staff you have contacted, before submitting this grievance.

I CHECK THE INMATE HANDBOOK AND IT CLEARLY STATED THAT I CAN RECEIVED ANYTHING AND ALL LEGAL MATERIAL, YET THE MAIL ROOM IS HOLDING MY ENVELOPES. I WOULD LIKE TO GET MY ENVELOPES. I SENT A REQUEST TO THE MAIL ROOM AND CAPTAIN HALL.

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator

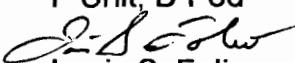
Date

S/A-GRN.001
Rev. 07/14/03

**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
SCI GREENE
OFFICE OF THE SUPERINTENDENT
724-852-2902**

April 5, 2004

SUBJECT: Appeal of Rejected Grievance 80095

TO: Mr. Rankin EU 5850
F Unit, D Pod

FROM: Louis S. Folino
Superintendent

I am in receipt of your 04/04/04 appeal of the Grievance Coordinator's rejection of Grievance Number 80095. I have reviewed your grievance packet and the Grievance Coordinator's rationale for rejecting your grievance, dated 04/01/04.

Insofar as name of commitment is Derrick Rankin, please use that name on all correspondence with the Department of Corrections.

Your instant appeal is denied.

Attach.: Rejected Grievance Number 80095

CC: Deputies' Complex (1)
CSA Grievance File at 80095
DC-15 EU 5850

(inmate 2004\grievances\rejection appeal\EU 5850 Rankin and Grievance Number 80095.04-05-04)

4/5

Form DC-135A		Commonwealth of Pennsylvania Department of Corrections
INMATE'S REQUEST TO STAFF MEMBER GRIEVANCE APPEAL # 80095		
1. To: (Name and Title of Officer) Superintendent Fulino		INSTRUCTIONS Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.
3. By: (Print Inmate Name and Number) DERRICK RANKINE EU5860 Denrich Rankine		2. Date: 04/04/04
6. Work Assignment \$1500/day relief requested.		4. Counselor's Name Mr. Ivan
8. Subject: State your request completely but briefly. Give details. <p>First, my name is DErrick Anthony RANKINE. WAS always, is always and will always be DErrick Anthony RANKINE. You and your staff can continue to abuse me by disRESPECTing my PATHy daily; but I will NEVER, under any circumstances do honor and disRESPECT my FATHER. SO you can continue to REJECT my GRIEVANCE without addressing the ISSUES. THE Court only rule that I must complete my ADMINISTRATIVE REMEDIES. Not that you must resolve the SG GRIEVANCES. So have fun.</p> <p>SECOND: THE GRIEVANCE OFFICER did not discuss this GRIEVANCE with me in violation of THE 1ST, 5TH, 8TH and 14TH AMENDMENTS to THE UNITED STATES CONSTITUTION.</p> <p>DC ADM 804 and CLO STICKLES, HENDERSEN and BLAKER continues to THEM hold, READ and DESTROY my mail without my CONSENT.</p> <p>Third: EVEN ON 04/02/04, 04/03/04 CLO STICKLES, BLAKER and HENDERSEN WERE AT MY CELL door calling me "A F.. King Fagot" "A F.. ins Jamelich" cleaning my soaps, toothpaste, ointment, PENS, and THREATENING MY LIFE, WHICH I BELIEVE YOU DENT THEM TWO CLO STICKLES CAME TO MY CELL door on 04/02/03 ON FID and told ME "go and F... yourself" without provocation.</p> <p>On 04/03/04, I GAVE Sgt Santuys THREE EMPTY pens and CLO HENDERSEN ONLY GAVE ME ONE PEN TO REPLACE MY THREE EMPTY PENS. THIS IS THE CONSISTENT TYPE OF ABUSE THAT I HAVE BEEN SUBJECTED SINCE 01/20/04; WITHOUT ANY PROVOCATION OR JUSTIFICATION. AND YOU AND MS DETELLO HAVE THE NERVE TO REJECT MY GRIEVANCES. AS LONG AS YOU AND YOUR STAFF CONTINUE TO ABUSE ME, I WILL BE FILING GRIEVANCES. SO NOW YOU MIGHT BE ABLE TO GET SOMETHING. FOR YOUR PAYCHECKS.</p> <p>Respectfully, Denrich Rankine</p>		
<input type="checkbox"/> To DC-14 CAR only		<input type="checkbox"/> To DC-14 CAR and DC-15 IRS

Staff Member Name _____ / _____ Date _____
 Print _____ Sign _____

DC-804
Part 1COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA 17001-0598FOR OFFICIAL USE ONLY
80095 8
GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR Sharon D. Eletto	FACILITY: SCT GREENE	DATE: 03/31/04
FROM: (INMATE NAME & NUMBER) Derrick Rankine BU5850	SIGNATURE OF INMATE: Derrick Rankine	
WORK ASSIGNMENT: \$1000/day relief requested; and all my mail	HOUSING ASSIGNMENT: RHUTFB-7	
INSTRUCTIONS: Plus a permanent separation from CLO BLAKER and 1. Refer to the DC-ADM 804 for procedures on the inmate grievance system. 2. State your grievance in Block A in a brief and understandable manner. 3. List in Block B any actions you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.		

A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages.

On 03/29/04, I gave CLO COLE 4 letters with 8 cash slips to be sent to the mail room. CLO COLE informed me that he signed my cash slip and placed my letters in the mailbox; now on 03/30/04 CLO BLAKER return to me only two cash slips; when I asked for the other two cash slips, I was told that we have to work that out together by CLO BLAKER.

B. List actions taken and staff you have contacted, before submitting this grievance.

I asked CLO BLAKER for the next two cash slips and or my letters and I also asked to speak to the RHU Sgt or Lt. to no avail. I pressed the emergency button and reported the above violation and I will be sending a request to the mail room supervisor.

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator

Date

CO
NWEALTH OF PENNSYLVANIA
EPARTMENT OF CORRECTIONS
OFFICE OF THE SUPERINTENDENT'S ASSISTANT
SCI-GREENE

DATE: April 5, 2004

SUBJECT: Grievance Rejection Form

TO: Mr. Rankin, EU-5850
F Unit, D Pod
Sharon D'Eletto

FROM: Sharon L. D'Eletto
Superintendent's Assistant

FOR OFFICIAL USE ONLY
80421
GRIEVANCE NUMBER

The attached grievance is being returned to you because you have failed to comply with the provision(s) of DC-ADM 804, Inmate Grievance System:

1. Grievances related to the following issues shall be handled according to procedures specified in the policies listed and shall not be reviewed by the Facility Grievance Coordinator:
 - a. DC-ADM 801-Inmate Disciplinary and Restricted Housing Unit Procedures.
 - b. DC-ADM 802-Administrative Custody Procedures.
 - c. Other policies not applicable to DC-ADM 804.
2. Block B must be completed, as per the Instruction #3 of the Official Inmate Grievance Form.
3. The grievance does not indicate that you were personally affected by a Department or facility action or policy.
4. Group grievances are prohibited.
5. **The grievance was not signed and/or dated.**
6. Grievances must be legible and presented in a courteous manner.
7. The grievance exceeded the two (2) page limit. Description needs to be brief.
8. Grievances based upon different events shall be presented separately.
9. The grievance was not submitted within fifteen (15) working days after the events upon which claims are based.
10. You are currently under grievance restriction. You may not file any grievances until _____.
Date _____
11. Grievance involves matter(s) that occurred at another facility and should be directed by the inmate to the appropriate facility.
12. The issue(s) presented on the attached grievance has been reviewed and addressed previously.

Additional Comments:

SLD/tls

cc: FILE
DC-15

DC-804
Part 1COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA 17001-0598

FOR OFFICIAL USE ONLY

80421

GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR Sharon D'Elleto	FACILITY: SCI-GREENE	DATE: 01/01/04
FROM: (INMATE NAME & NUMBER) DERRICK RANKINE EU 5850	SIGNATURE of INMATE: Derrick Rankine	
WORK ASSIGNMENT: 1600 day relief REQUESTED PERMANENT ASSIGNMENT, RHF 1D-9	HOUSING ASSIGNMENT:	
INSTRUCTIONS: From C/O STICKLES, HENDERSEN and BLAKER		
<p>1. Refer to the DC-ADM 804 for procedures on the inmate grievance system.</p> <p>2. State your grievance in Block A in a brief and understandable manner.</p> <p>3. List in Block B any actions you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.</p> <p>I NEED my 2 pens, A pillow and A towel and toothbrush</p>		
<p>A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages.</p> <p>On 01/02/04 and 01/03/04 C/O STICKLES, HENDERSEN and BLAKER CAME to my CELL door and CALLED ME "A F***ing Faggot", said to me "You GET NO supplies you F***ing Jamaican", "WE ARE NOT TO EVEN BE AT your CELL door or SPEAK to you, you F***ing Faggot" so how can WE GIVE you SUPPLIES, "Nigger". Every time you FILED a grievance on us WE GET \$10 bonus; you F***ing Fool, so KEEP Filing them "This is an EXAMPLE OF what I HAVE BEEN SUBJECTED to SINCE 01/20/04 consist- ENTLY and continuously; BECAUSE I REFUSED to BECOME an ABOMINATION in THE sight of GOD and man."</p> <p>SEMI FE SEMI FE Ranger all the way</p>		
<p>B. List actions taken and staff you have contacted, before submitting this grievance.</p> <p>I attempted to informed Sgt Santiago of this and he LEFTED the pod on 01/02/04 and 01/03/04. I informed Lt Guyton of this on 01/03/04; while he was on the pod. On 01/03/04 Sgt. Santiago took my THREE EMPTY pens and sent C/O HENDERSEN with 1 pen, 1 tooth paste and I was given a shower without SOAP AFTER 2 days.</p>		

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator

Date

DC-ADM 804, Inmate Grievance System

DC-804

Part 2

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA 17001

OFFICIAL INMATE GRIEVANCE
 INITIAL REVIEW RESPONSE

GRIEVANCE NO. 80422

Attachment B

TO: (Inmate Name & DC No.)	FACILITY	HOUSING LOCATION	GRIEVANCE DATE
Rankine, Derrick EU-5850	SCI GREENE	FD-09	4-4-04

The following is a summary of my findings regarding your grievance:

I am in receipt of your grievance and have been assigned to investigate your concerns. You are alleging that the medical is denying you your medication (Niacin, Motrin) and that staff are ignoring your requests for emergency treatment.

I have received numerous request slips from you, none of them dealing with medical, medications, or emergency situations. Most of your request slips claim that staff are spitting in your food (You told me that since you were a chemist you could use salt as a test for spit). You further stated that ALL of the officers have made homosexual advances towards you (Both shifts) and that since you refused their advances, you were being denied items.

I have contacted medical concerning your allegations. You take Maxcide for High Blood Pressure (You retain this in your cell); You are dispensed Niacin (For Lowering cholesterol) Daily; and finally you can receive Benadryl As Needed. The Motrin which you mentioned was ordered for you for 4-5-04 through 4-10-04. You received it. You Niacin has never been denied to you.

As for the allegations concerning staff refusing to seek immediate medical attention, this is a falsehood. ALL inmates will be seen if they claim a medical emergency. However, a cash slip must be provided at the time of service. You state that you put in a sick call slip on the 30th and was seen on the 31st. That does not sound like a department that is denying you attention – it sounds like they are doing their jobs.

Nothing in the way of medical treatment or medication has been denied to you. I believe that you have a skewed sense of reality (I base this on the statements made in your request slips) and that possibly our psychology department can be of assistance to you. I will file a DC-97 form to them immediately – hopefully we can get you the assistance that you seem to be crying out for.

Since I have completely investigated ALL of your allegations and cannot find a shred of evidence which verifies any part of your story, I find that your grievance lacks any arguable basis in fact; I must therefore find it to be frivolous and deny it in full.

CC: Deputies
 Grievance Coordinator
 DC 15
 File

Print Name and Title of Grievance Officer
 W Leggett COIII

SIGNATURE OF GRIEVANCE OFFICER

DATE

4-26-04

DC-804 Health care
Part 1COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA 17001-0598

FOR OFFICIAL USE ONLY

80422

GRIEVANCE NUMBER

28

4119

H/1
OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR Sharon Deletto	FACILITY: SCI-GREENE	DATE: 03/31/04
FROM: (INMATE NAME & NUMBER) JERRICK RANKINE EU 5850	SIGNATURE OF INMATE: Derrick Rankine	
WORK ASSIGNMENT: \$5000 daily relief requested.	HOUSING ASSIGNMENT: RHU FID-9	

INSTRUCTIONS:

- 1 Refer to the DC-ADM 804 for procedures on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. List in Block B any actions you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages.

Since 03/28/04, I HAVE BEEN DENIED my Naicin and Motrin which CAUSED ME SEVERE CHEST PAINS and HEADACHES, and WHEN I ASKED TO BE TAKEN TO MEDICAL FOR THESE CHEST PAINS, Sgt. Conner told me "No", "die".

This is another EXAMPLE that Superintendent Polino, the MEDICAL STAFF, RHU STAFF and THE GRIEVANCE COORDINATOR HAVE BEEN and is trying to MURDER ME SINCE 01/20/04, without PROVOCATION OR JUSTIFICATION. SINCE THIS IS NOT THE FIRST OR SECOND OR THIRD I HAVE BEEN DENIED MY MEDICATION AND MEDICAL ATTENTION, and told to "DIE" by STAFF, WHEN I SEEK EMERGENCY MEDICAL ATTENTION

B. List actions taken and staff you have contacted, before submitting this grievance.

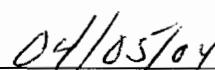
I SENT A SICK CALL ON 03/28/04 and WAS SEEN ON 03/31/04 and told I HAVE 5 REFILLS LEFT FOR THE ABOVE MEDICATIONS YET I HAVE RECEIVED NO MEDICATIONS AS YET. I SENT ANOTHER SICK CALL SLIP ON 04/03/04 and CONSTANTLY PRESSED THE EMERGENCY BUTTON and I WAS TOLD WE DONT HAVE TIME FOR YOUR GAMES, WHEN I AM HAVING SEVERE CHEST PAINS.

03/31/04

Your grievance has been received and will be processed in accordance with DC-ADM 804.



Signature of Facility Grievance Coordinator



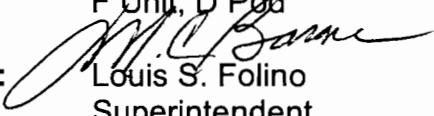
Date

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
SCI GREENE
OFFICE OF THE SUPERINTENDENT
724-852-2902
April 29, 2004

SUBJECT: First-Level Appeal
To Grievance Number 80422

TO: Mr. Rankin, EU-5850

F Unit, D Pod

FROM: 
Louis S. Folino
Superintendent

I am in receipt of your grievance number 80422 dated April 5, 2004; the Initial Review Response by Lieutenant Leggett, dated April 26, 2004; and your first-level appeal received in this office on April 28, 2004.

After evaluating the attached grievance issue, I find the review and response by the Grievance Officer will be upheld.

I find it is clear that the allegations you raised in your appeal are without foundation. Further, I find that if, as you say, you took all the Maxicide in your cell--for whatever reason--you are not compliant with medical orders and further risked your own well being by improper dosing.

To that end, your appeal is denied and I would request that Health Care review your record to determine if, in fact, you are an appropriate candidate for any type of self-medication.

Your appeal is denied.

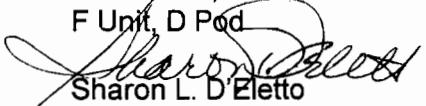
LSF:tls

cc: Deputies
Grievance Coordinator
DC-15
CHCA

15 Supreme Court File No. SCI-2022
Case No. 2022-00100-JMC-00144-A
FD-9.
From DERRICK RANKINE EU 5850 Demand Raultne FD-9.
First off LEGSSEH NEVER DISCUSSED THIS GRIEVANCE WITH ME AND WHEN
I TALKED TO LEGSSEH ON FID AND AHEMPER TO APPEAL TO HIM HE "RAN OFF THE
ABOUT THE ADVICEABLE ACTIONS OF CLAIRE, CO., THOMPSON, ENGLEHARDT AND
OTHERS WERE DENIED TO CLAIRE ANYTHING, SINCE ON CLAIRE'S M/S FORCED TO
NEVER TALK OFF LEGSSEH ANYTHING, SINCE ON CLAIRE'S M/S FORCED TO
DEE CLAIRE HILL AND OFF LEGSSEH AND DENIED MY PRC HERRING AGAIN
MY WISHES YES, I TALK CLAIRE CAN TALK TO DUAGUIN OFF LEGSSEH
BIMMER, HENDERSON COY AND CLAIRE CAN TALK TO DUAGUIN OFF LEGSSEH
IN A LETTER TO A FOLK, M/S NOT GIVEN ANY NARCISS DR BENJAMIN FORMOSA
2810K TO CLAIRE AND CLAIRE TO TALK ALL MY MAXICLIE TO DUAGUIN OFF
ITEMS IN MY BODY. YES, I DENT A DICK CALL REQUESTION 03/30/04
M/S DEEN ON 03/31/04, BUT M/S GIVEN NO MEDICAL INFORMATION WHICH
LEGSEH FILED TO PLACE IN HIS DOCUMENTS, WHICH HAVE BEEN INSTANTLY
DENIED MEDICAL ATTENTION MEDICAL EMERGENCIES, WHICH HAVE BEEN INSTANTLY
SINCE OFF LEGSSEH IS A LIE AND A FOOL, THE INVESTIGATION IS NO INVESTIGATION
SHAKES BECAUSE M/S WILL NOT BECOME A HOME SEXUAL.
AND TALK TO DIE BY S+ CONNIE, CLA BIMMER, CLA HENDERSON AND CLA
GRIEVANCE BECAUSE HE NEVER DISCUSSED THIS GRIEVANCE WHICH ME OR ASKED
ME TO SHOW HIM THE EVIDENCE TO PROVE ALL MY STATEMENTS IN MY
STATEMENT SINCE HE NEVER DISCUSSED THIS GRIEVANCE WHICH ME OR ASKED
BUT DENIED MY PRC HERRING WHICH SHOWS THAT OFF LEGSSEH AND CLA
HILL RUMS THAT ONLY REPUT THE TRUTH. OTHERWISE, CLA TALK HILL
HAVE DENIED ME MY INGENUITY PRICKAGE'S FOR APRIL 2004, AND RUM SHIP
CONTINUES TO DENY ME QUOTANCES AND REQUESTS TO OUTFEE, WHICH HAS

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
OFFICE OF THE SUPERINTENDENT'S ASSISTANT
SCI-GREENE**DATE:** April 8, 2004**SUBJECT:** Grievance Rejection Form**TO:** Mr. Rankin, EU-5850

F Unit, D Pod

FROM: 
Sharon L. D'Elotto
Superintendent's Assistant

FOR OFFICIAL USE ONLY

80780

GRIEVANCE NUMBER

The attached grievance is being returned to you because you have failed to comply with the provision(s) of DC-ADM 804, Inmate Grievance System:

1. Grievances related to the following issues shall be handled according to procedures specified in the policies listed and shall not be reviewed by the Facility Grievance Coordinator:
 - a. DC-ADM 801-Inmate Disciplinary and Restricted Housing Unit Procedures.
 - b. DC-ADM 802-Administrative Custody Procedures.
 - c. Other policies not applicable to DC-ADM 804.
2. Block B must be completed, as per the Instruction #3 of the Official Inmate Grievance Form.
3. The grievance does not indicate that you were personally affected by a Department or facility action or policy.
4. Group grievances are prohibited.
5. **The grievance was not signed and/or dated.**
6. Grievances must be legible and presented in a courteous manner.
7. The grievance exceeded the two (2) page limit. Description needs to be brief.
8. Grievances based upon different events shall be presented separately.
9. The grievance was not submitted within fifteen (15) working days after the events upon which claims are based.
10. You are currently under grievance restriction. You may not file any grievances until _____ Date
11. Grievance involves matter(s) that occurred at another facility and should be directed by the inmate to the appropriate facility.
12. The issue(s) presented on the attached grievance has been reviewed and addressed previously.

Additional Comments:

SLD/tls

cc: FILE
DC-15

DC-804
Part 1COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA 17001-0598FOR OFFICIAL USE ONLY
80780
GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR <u>Sharon Deletto</u>	FACILITY: <u>SCI-GREENE</u>	DATE: <u>04/07/04</u>
FROM: (INMATE NAME & NUMBER) <u>DERRICK RANKINE EU 5850</u>	SIGNATURE OF INMATE: <u>Derrick Rankine</u>	
WORK ASSIGNMENT: <u>\$1000/day RELIEF REQUESTED.</u>	HOUSING ASSIGNMENT: <u>FLD-9</u>	

INSTRUCTIONS:

- 1 Refer to the DC-ADM 804 for procedures on the inmate grievance system.
- 2 State your grievance in Block A in a brief and understandable manner.
- 3 List in Block B any actions you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages.

Since OHIOHOLI WAS TAKEN OFF my benzodiazepines without my consent or knowledge; without EVEN SEEING ME THE MEDICAL STAFF HAVE NOW TAKEN ME OFF ALL MY MEDICATION; WHICH CAUSES ME SEVERE HEADACHES CHEST AND BODY PAINS WITH COMPLETE AND SEVEREitching, and SLEEPLESSNESS.

This is another attempt to murder me by the MEDICAL department, Sharon Deletto. RHU STAFF and Superintendent Polino; in an EFFORT TO SILENCE ME I would like my medications RESUMED OR TO BE SENT TO AN OUTSIDE hospital FOR MEDICAL ATTENTION.

B. List actions taken and staff you have contacted, before submitting this grievance.

I SENT THREE MEDICAL REQUESTS AND WAS SEEN THREE TIMES BY THE MEDICAL; YET I HAVE NOT RECEIVED ANY MEDICATIONS OR MEDICAL CARE SINCE 03/28/04 I WAS SEEN THIS MORNING AND SHOWED THEM THE WOUNDS ON MY BODY, YET I RECEIVED NO MEDICATIONS NOR WAS I TAKEN TO MEDICAL FOR ANY TREATMENT. CC JUDGE BAXTER AND A.L.

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator

Date

DATE: April 8, 2004

FOR OFFICIAL USE ONLY

80781

GRIEVANCE NUMBER

SUBJECT: Grievance Rejection Form

TO: Mr. Rankin, EU-5850

F Unit, D Pod

FROM: 
Sharon L. D'Eletto
Superintendent's Assistant

The attached grievance is being returned to you because you have failed to comply with the provision(s) of DC-ADM 804, Inmate Grievance System:

1. Grievances related to the following issues shall be handled according to procedures specified in the policies listed and shall not be reviewed by the Facility Grievance Coordinator:
 - a. DC-ADM 801-Inmate Disciplinary and Restricted Housing Unit Procedures.
 - b. DC-ADM 802-Administrative Custody Procedures.
 - c. Other policies not applicable to DC-ADM 804.
2. Block B must be completed, as per the Instruction #3 of the Official Inmate Grievance Form.
3. The grievance does not indicate that you were personally affected by a Department or facility action or policy.
4. Group grievances are prohibited.
5. **The grievance was not signed and/or dated.**
6. Grievances must be legible and presented in a courteous manner.
7. The grievance exceeded the two (2) page limit. Description needs to be brief.
8. Grievances based upon different events shall be presented separately.
9. The grievance was not submitted within fifteen (15) working days after the events upon which claims are based.
10. You are currently under grievance restriction. You may not file any grievances until _____.
Date _____
11. Grievance involves matter(s) that occurred at another facility and should be directed by the inmate to the appropriate facility.
12. **The issue(s) presented on the attached grievance has been reviewed and addressed previously.**

Additional Comments: Refer to Grievance Number 80780.

SLD:tls

cc: FILE
DC-15

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA 17001-0598

FOR OFFICIAL USE ONLY

80781

GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR Sharon Deletto	FACILITY: SCI-GREGORY	DATE: 04/08/04
(FROM: (INMATE NAME & NUMBER) DERRICK Rankine EU5850	SIGNATURE OF INMATE: Derrick Rankine	
WORK ASSIGNMENT:	HOUSING ASSIGNMENT: RHU #D-9	

INSTRUCTIONS:

- 1 Refer to the DC-ADM 804 for procedures on the inmate grievance system.
- 2 State your grievance in Block A in a brief and understandable manner.
- 3 List in Block B any actions you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages.

On Monday OR Tuesday 03/05/04 and 03/06/04 the Nurse GAVE my medications to C/O STICKLES to GAVE to ME. I REFUSED TO ACCEPT this medication From C/O STICKLES since C/O STICKLES IS NOT A NURSE and continues to make homo sexual demands on me and I wanted to GET C/O STICKLES know that I really find him DESPICABLE and would BE GRATIFIED if C/O STICKLES would stay AWAY from me, in retaliation my medications were stopped claiming I REFUSED my medications.

B. List actions taken and staff you have contacted, before submitting this grievance.

I SENT TWO SICK CALL REQUESTS asking that my medication BE RESUMED (my Benadryll), Niacin, Metrin PERMANENTLY. I PRESSED THE EMERGENCY button ALL NIGHT on 04/08/04 asking to be taken to MEDICAL and during the day on 04/07/04, 04/06/04; yet I WAS DENIED ALL MEDICAL CARE and attention. I VERBAL informed the NURSE and STAFF that I was sick.

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator

Date

DC-804
Part 1COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA 17001-0598FOR OFFICIAL USE ONLY
80781
GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR <u>Sharon Deletis</u>	FACILITY: <u>SCI-GREENE</u>	DATE: <u>01/08/04</u>
FROM: (INMATE NAME & NUMBER) <u>DERRICK Rankine EU5850</u>	SIGNATURE OF INMATE: <u>Derrick Rankine</u>	
WORK ASSIGNMENT:	HOUSING ASSIGNMENT: <u>RHU AD-9</u>	

INSTRUCTIONS:

- 1 Refer to the DC-ADM 804 for procedures on the inmate grievance system.
- 2 State your grievance in Block A in a brief and understandable manner.
- 3 List in Block B any actions you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages.

On Monday OR Tuesday 03/05/04 and 03/06/04 the Nurse GAVE my medications to C/O STICKLES to GAVE to ME. I REFUSED to accept this medication from C/O STICKLES since C/O STICKLES is NOT A NURSE and continues to make homo sexual demands on me and I wanted to GET C/O STICKLES know that I really find him DESPICABLE and would be grateful if C/O STICKLES would stay AWAY from me; in retaliation my medications were stopped claiming I REFUSED my medications.

B. List actions taken and staff you have contacted, before submitting this grievance.

I SENT TWO SICK CALL REQUESTS asking that my medication BE RESUMED (my Benadryll), Niacin, Motrin PERMANENTLY. I PRESSED THE EMERGENCY button ALL NIGHT on 04/08/04 asking to BE TAKEN to MEDICAL and during the day on 04/07/04, 04/06/04; yet I WAS DENIED ALL MEDICAL CARE and attention. I VERBAL INFORMED THE NURSE and STAFF that I WAS SICK.

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator

Date

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
SCI GREENE
OFFICE OF THE SUPERINTENDENT
724-852-2902
April 14, 2004

SUBJECT: Appeal of Rejected Grievance 80781

TO: Mr. Rankin, EU-5850
F Unit, B Pod

FROM: 
Louis S. Folino
Superintendent

I am in receipt of your 4/12/04 appeal of the Grievance Coordinator's rejection of Grievance number 80781. I have reviewed your grievance packet and the Grievance Coordinator's rationale for rejecting your grievance, dated 4/8/04.

Insofar as name of commitment is Derrick Rankin, please use that name on all correspondence with the Department of Corrections.

Your instant appeal is denied.

Attach: Grievance Appeal 80781

LSF/tls

Cc: Deputies
CSA Grievance File at 80781
DC-15 EU-5850

4/13

Form DC-135A INMATE'S REQUEST TO STAFF MEMBER GRIEVANCE APPAL 80781		Commonwealth of Pennsylvania Department of Corrections
INSTRUCTIONS Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.		
1. To: (Name and Title of Officer) <u>Superintendent Pulis</u>	2. Date: <u>04/12/04</u>	3. By: (Print Inmate Name and Number) <u>DERRICK RANKINE EU 5850</u>
4. Counselor's Name <u>Mr Ivan</u>	5. Unit Manager's Name <u>Captain Hall</u>	6. Work Assignment <u>PERMANENT ASSIGNMENT FROM CLO STICKIES</u>
7. Housing Assignment <u>PA 9 RHU</u>	8. Subject: State your request completely but briefly. Give details. On Monday or Tuesday 03/05/04 or 03/06/04, THE NURSE GAVE MY MEDICATIONS TO CLO STICKIES TO GIVE TO ME. HE REFUSED TO ACCEPTED THIS MEDICATION From CLO STICKIES, SINCE CLO STICKIES IS NOT A NURSE AND CONTINUES TO MAKE HOMOSEXUAL DEMANDS TO ME AND WANTED TO MAKE CLO STICKIES KNOW THAT I REALLY FIND HIM AND HIS DEMANDS DESPICABLE AND WOULD BE GRATEFUL IF CLO STICKIES WOULD STAY AWAY FROM ME; IN RETALIATION MY MEDICATIONS WERE STOPPED CLAIMING, I REFUSED MY MEDICATIONS. EVEN ON 04/11/04 CLO STICKIES CAME TO MY CELL DOOR, POINTED A FINGER AT ME AND STATED "I AM GOING TO F**K YOU UP YOUR ASS, NIGGER". I INTEND TO TAKE THIS TO THE COURTS; SO AGAIN, REMOVED CLO STICKIES FROM MY ENVIRONMENT.	I SENT TWO SICK CALL REQUESTS ASKING THAT MY MEDICATIONS BE RESUMED (MY BENADRYLL NIACIN, METRIN PERMANENTLY.) I PRESSED THE EMERGENCY BUTTON ALL NIGHT ON 03/08/04 ASKING TO BE TAKEN TO MEDICAL AND DURING THE DAY ON 04/07/04, 04/08/04; GET IT WAS DENIED ALL MEDICAL CARE AND NURSE AND STAFF THOUGHT I WAS SICK.
Respectfully Derrick Rankine Your Brother in Christ		
To DC-14 CAR only <input type="checkbox"/>	To DC-14 CAR and DC-15 IRS <input type="checkbox"/>	

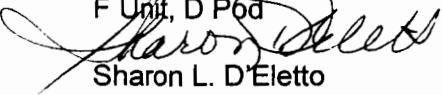
Staff Member Name _____ / _____ Date _____
 Print _____ Sign _____

DATE: April 8, 2004

SUBJECT: Grievance Rejection Form

TO: Mr. Rankin, EU-5850

F Unit, D Pod

FROM: 
Sharon L. D'Eletto
Superintendent's Assistant

FOR OFFICIAL USE ONLY

80782

GRIEVANCE NUMBER

The attached grievance is being returned to you because you have failed to comply with the provision(s) of DC-ADM 804, Inmate Grievance System:

1. Grievances related to the following issues shall be handled according to procedures specified in the policies listed and shall not be reviewed by the Facility Grievance Coordinator:
 - a. DC-ADM 801-Inmate Disciplinary and Restricted Housing Unit Procedures.
 - b. DC-ADM 802-Administrative Custody Procedures.
 - c. Other policies not applicable to DC-ADM 804.
2. Block B must be completed, as per the Instruction #3 of the Official Inmate Grievance Form.
3. The grievance does not indicate that you were personally affected by a Department or facility action or policy.
4. Group grievances are prohibited.
5. **The grievance was not signed and/or dated.**
6. Grievances must be legible and presented in a courteous manner.
7. The grievance exceeded the two (2) page limit. Description needs to be brief.
8. Grievances based upon different events shall be presented separately.
9. The grievance was not submitted within fifteen (15) working days after the events upon which claims are based.
10. You are currently under grievance restriction. You may not file any grievances until _____
Date
11. Grievance involves matter(s) that occurred at another facility and should be directed by the inmate to the appropriate facility.
12. The issue(s) presented on the attached grievance has been reviewed and addressed previously.

Additional Comments:

SLD/tls

cc: FILE
DC-15

DC-804
Part 1COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA 17001-0598

FOR OFFICIAL USE ONLY

80782

GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR Sharon Deleto	FACILITY: SCI-Lycoming	DATE: 01/07/04
FROM: (INMATE NAME & NUMBER) DERRICK RANKINE EU5850	SIGNATURE OF INMATE: Jemish Rankine	
WORK ASSIGNMENT: \$1053/day relief requested	HOUSING ASSIGNMENT: RHU F10-9	

INSTRUCTIONS:

- 1 Refer to the DC-ADM 804 for procedures on the inmate grievance system.
- 2 State your grievance in Block A in a brief and understandable manner.
- 3 List in Block B any actions you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages.

**Since 01/20/04 to now RHU STAFF HAVE BEEN TRYING TO MURDER ME, BY TAMPERING WITH MY MEALS, BECAUSE THEY KNOW THAT I AM DIABETIC. Sgt. Conner
For Example on Sunday I WAS GIVEN A TRAY WITH 6 SUGARS AND SPIT IN MY COFFEE AND JUICE BY C/O COY AND HENRY. THE SAME ON Monday. On Tuesday I WAS GIVEN A TRAY WITH 8 SUGAR AND SPIT IN MY COFFEE AND JUICE, BY C/O HENRY AND COY. Today I WAS GIVEN A TRAY WITH 4 SUGARS AND A PIECE OF CAKE THAT WAS BROKEN IN TWO AND SPITTED ON ALL OVER, BY C/O COY AND HENRY.
I Would like a permanent separation From all the above STAFF MEMBERS.**

B. List actions taken and staff you have contacted, before submitting this grievance.

I PRESSED THE EMERGENCY button and asked to SEE THE RHU Lt or Captain and I WAS told by Sgt. Tanner to shoot the F* up" by Sgt. Tanner, on 01/06/04 This shows that Sgt. Tanner approves of the above DESPICABLE acts; and that Sgt. Tanner and Conner knows of THESE actions.**

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator

Date

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
SCI GREENE
OFFICE OF THE SUPERINTENDENT
724-852-2902
April 14, 2004

SUBJECT: Appeal of Rejected Grievance 80902

TO: Mr. Rankin, EU-5850
F Unit, D Pod

FROM: 
Louis S. Folino
Superintendent

I am in receipt of your April 12, 2004 appeal of the Grievance Coordinator's rejection of Grievance number 80902. I have reviewed your grievance packet and the Grievance Coordinator's rationale for rejecting your grievance, dated April 8, 2004.

Insofar as name of commitment is Derrick Rankin, please use that name on all correspondence with the Department of Corrections.

Your instant appeal is denied.

LSF:djk

CC: Deputies
CSA Grievance File at 80902
DC-15 EU-5850

Form DC-135A		Commonwealth of Pennsylvania Department of Corrections
INMATE'S REQUEST TO STAFF MEMBER <i>Grievance Appeal</i> <i># 80902.</i>		
1. To: (Name and Title of Officer) SUPERINTENDENT FOLNO		INSTRUCTIONS Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.
3. By: (Print Inmate Name and Number) DERRICK RANKINE EU5850 <i>Derrick Rankine</i>		2. Date: <i>04/12/04</i>
		4. Counselor's Name <i>Mr Ivan</i>
		5. Unit Manager's Name <i>Captain Hill</i>
6. Work Assignment		7. Housing Assignment <i>RHU FB 9.</i>
8. Subject: State your request completely but briefly. Give details. <p>On 04/08/04, I RECEIVED A CONFISCATION SLIP FOR 2 (H20) ENVELOPES. THESE ENVELOPES WERE SENT TO ME FOR LEGAL PURPOSES OR RELIGIOUS PURPOSES, by BROTHER HILL. I CHECKED THE INMATE Handbook and it clearly stated that I CAN RECEIVED ANYTHING IN THE MAIL FOR LEGAL PURPOSES, yet the mail room is holding THESE ENVELOPES in an EFFORT TO DENY ME ACCESS TO THE COURT AND FURTHER OBSTRUCT THE JUST Administration OF JUSTICE IN STATE COURT. I WOULD LIKE TO OBTAIN THESE ENVELOPES FOR WITH.</p> <p>I RECEIVED CONFIRMATION FROM BOTH THE COURT OF COMMON PLACES AND THE SUPERIOR COURT OF PA. THAT MY COMMITMENT NAME IS DERRICK RANKINE, THAT IS DERRICK RANKINE AND THAT MY NAME WAS ALWAYS DERRICK RANKINE. TODAY, WHILE YOU WAS ON POD, I CALLED YOU THREE TIMES TO SHOW YOU THESE DOCUMENTS AND YOU RAN OFF THE POD.</p> <p>I WOULD LIKE A FACE TO FACE CONFERENCE ON THESE ISSUES.</p> <p>Respectfully, <i>Derrick Rankine</i></p>		
<input type="checkbox"/> To DC-14 CAR only <input type="checkbox"/> To DC-14 CAR and DC-15 IRS		

Staff Member Name _____ / _____ Date _____
 Print _____ Sign _____

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF CORRECTIONS

P.O. BOX 598

CAMP HILL, PA 17001-0598

80902

GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR Sharon Deletto	FACILITY: SCI-Greene	DATE: 01/08/04
FROM: (INMATE NAME & NUMBER) JERRICK Rankine EU5850	SIGNATURE OF INMATE: Jerrick Rankine	
WORK ASSIGNMENT:	HOUSING ASSIGNMENT: RHU F1D-9	

INSTRUCTIONS:

- 1 Refer to the DC-ADM 804 for procedures on the inmate grievance system.
- 2 State your grievance in Block A in a brief and understandable manner.
- 3 List in Block B any actions you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages.

TODAY I RECEIVED A CONFISCATION SLIP FOR 2(37) ENVELOPE THESE ENVELOPES WERE SENT TO BE FOR LEGAL PURPOSES OR RELIGIOUS PURPOSES BY BROTHER HOHL.

PLEASE HAVE THE MAIL ROOM SENT ME MY ENVELOPES.

B. List actions taken and staff you have contacted, before submitting this grievance.

I CHECK THE INMATE HANDBOOK AND IT CLEARLY STATED THAT I CAN RECEIVED ANYTHING AND ALL LEGAL MATERIAL, YET THE MAIL ROOM IS HOLDING MY ENVELOPES. I WOULD LIKE TO GET MY ENVELOPES. I SENT A REQUEST TO THE MAIL ROOM AND CAPTAIN HALL.

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator

Date

DATE: April 13, 2004
SUBJECT: Grievance Rejection Form
TO: Mr. Rankin, EU-5850
F Unit, D Pod
FROM: Sharon L. D'Eletto
Superintendent's Assistant

FOR OFFICIAL USE ONLY
81096
GRIEVANCE NUMBER

The attached grievance is being returned to you because you have failed to comply with the provision(s) of DC-ADM 804, Inmate Grievance System:

1. Grievances related to the following issues shall be handled according to procedures specified in the policies listed and shall not be reviewed by the Facility Grievance Coordinator:
 - a. DC-ADM 801-Inmate Disciplinary and Restricted Housing Unit Procedures.
 - b. DC-ADM 802-Administrative Custody Procedures.
 - c. Other policies not applicable to DC-ADM 804.
2. Block B must be completed, as per the Instruction #3 of the Official Inmate Grievance Form.
3. The grievance does not indicate that you were personally affected by a Department or facility action or policy.
4. Group grievances are prohibited.
5. **The grievance was not signed and/or dated.**
6. Grievances must be legible and presented in a courteous manner.
7. The grievance exceeded the two (2) page limit. Description needs to be brief.
8. Grievances based upon different events shall be presented separately.
9. The grievance was not submitted within fifteen (15) working days after the events upon which claims are based.
10. You are currently under grievance restriction. You may not file any grievances until _____.
Date
11. Grievance involves matter(s) that occurred at another facility and should be directed by the inmate to the appropriate facility.
12. The issue(s) presented on the attached grievance has been reviewed and addressed previously.

Additional Comments:

SLD/tls

cc: FILE
DC-15

DC-804
Part 1COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA 17001-0598FOR OFFICIAL USE ONLY
81096
GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR <u>Sharon O'Leary</u>	FACILITY: <u>SCI Greene</u>	DATE: <u>01/12/04</u>
PROM: (INMATE NAME & NUMBER) <u>DERRICK RANKINE #15850</u>	SIGNATURE OF INMATE: <u>Derrick Rankine</u>	
WORK ASSIGNMENT: <u>\$100/day RELIEF REQUESTED and permanent</u>	HOUSING ASSIGNMENT: <u>RHU FID-9.</u>	
INSTRUCTIONS: SEPARATION From CLO BLAKER, STICKLES and HENDERSEN 1. Refer to the DC-ADM 804 for procedures on the inmate grievance system. 2. State your grievance in Block A in a brief and understandable manner. 3. List in Block B any actions you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.		

A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages.

On 01/12/04, CLO HENDERSEN, BLAKER and STICKLES CAME TO MY CELL DOOR AND THREATENED TO KILL ME. CLO STICKLES THEN POINT A FINGER AT ME, AND SNID "I Want to and is going to Fuck you up the ass" Nigger; For Filing All this GRIEVANCES ON ME; AFTER "WE MADE an AGREEMENT"

REQUEST PERSONAL CONFERENCE WITH SUPERINTENDENT FOLIN, PRC AND CAPTAIN HALL, plus I would like to FILE CRIMINAL CHARGES against CLO STICKLES; HENDERSEN, BLAKER and Engelhardt.

B. List actions taken and staff you have contacted, before submitting this grievance.

I HAVE REPEATEDLY and continuously asked FOR A SEPARATION FROM CLO STICKLES, BLAKER, and HENDERSEN and now Engelhardt to no avail. It is my contention that Superintendent Folin, and Captain Hall ORDERED THESE RETALIATORY acts - I would like a permanent SEPARATION FROM CLO Henry, BLAKER, HENDERSEN and Engelhardt.

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator

Date

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
OFFICE OF THE SUPERINTENDENT'S ASSISTANT
SCI-GREENE

DATE: April 13, 2004

SUBJECT: Grievance Rejection Form

TO: Mr. Rankin, EU-5850
F Unit, D Pod

FROM: Sharon L. D'Eletto
Superintendent's Assistant

FOR OFFICIAL USE ONLY
81098
GRIEVANCE NUMBER

The attached grievance is being returned to you because you have failed to comply with the provision(s) of DC-ADM 804, Inmate Grievance System:

1. Grievances related to the following issues shall be handled according to procedures specified in the policies listed and shall not be reviewed by the Facility Grievance Coordinator:
 - a. DC-ADM 801-Inmate Disciplinary and Restricted Housing Unit Procedures.
 - b. DC-ADM 802-Administrative Custody Procedures.
 - c. Other policies not applicable to DC-ADM 804.
2. Block B must be completed, as per the Instruction #3 of the Official Inmate Grievance Form.
3. The grievance does not indicate that you were personally affected by a Department or facility action or policy.
4. Group grievances are prohibited.
5. **The grievance was not signed and/or dated.**
6. Grievances must be legible and presented in a courteous manner.
7. The grievance exceeded the two (2) page limit. Description needs to be brief.
8. Grievances based upon different events shall be presented separately.
9. The grievance was not submitted within fifteen (15) working days after the events upon which claims are based.
10. You are currently under grievance restriction. You may not file any grievances until _____.
Date _____
11. Grievance involves matter(s) that occurred at another facility and should be directed by the inmate to the appropriate facility.
12. The issue(s) presented on the attached grievance has been reviewed and addressed previously.

Additional Comments:

SLD/tls

cc: FILE
DC-15

DC-804
Part 1COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA 17001-0598FOR OFFICIAL USE ONLY
81098
GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR <u>Sharon Deletto</u>	FACILITY: <u>SCI-GREENE</u>	DATE: <u>01/12/04</u>
FROM: (INMATE NAME & NUMBER) <u>JERRICK Rankine EU5850</u>	SIGNATURE of INMATE: <u>Jerrick Rankine</u>	
WORK ASSIGNMENT:	HOUSING ASSIGNMENT: <u>RHU F10-9</u>	

INSTRUCTIONS:

- 1 Refer to the DC-ADM 804 for procedures on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. List in Block B any actions you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages.

Today I WAS GIVEN A TRAY WITH 5 SUGARS, AND A CUP OF COFFEE loaded with spit by C/O Johnson and C/O Henry. This is a continuous conduct by RHU STAFF From January 30, 2004 to the present time, in retaliation for ME informing Judge Baxter and the Attorney General of the conditions under which I WAS BEING HELD edict I would like a FACE TO FACE CONFERENCE WITH THE SUPERINTENDENT AND THE MEMBERS OF THE PRC; and Captain Hall; to resolved this grievance.

B. List actions taken and staff you have contacted, before submitting this grievance.

I informed Mr. Ivan, Lt. Guyton, Lt. Mitchell and Deputy Jackson on 01/12/04 of the above. I attempted to inform Superintendent Folino of the above during inspection on 01/12/04 but he ran off the pod since he knew about the above conduct and ORDERED THE ABOVE BEHAVIOR. I also asked C/O Johnson and Henry for a different tray and cup and they refused to exchange.

Your grievance has been received and will be processed in accordance with DC-ADM 804.



Signature of Facility Grievance Coordinator



Date

CC: COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
OFFICE OF THE SUPERINTENDENT'S ASSISTANT
SCI-GREENE

DATE: April 13, 2004

FOR OFFICIAL USE ONLY

81099

SUBJECT: Grievance Rejection Form

GRIEVANCE NUMBER

TO: Mr. Rankin, EU-5850
F Unit, D Pod

FROM: 
Sharon L. D'Eletto
Superintendent's Assistant

The attached grievance is being returned to you because you have failed to comply with the provision(s) of DC-ADM 804, Inmate Grievance System:

1. Grievances related to the following issues shall be handled according to procedures specified in the policies listed and shall not be reviewed by the Facility Grievance Coordinator:
 - a. DC-ADM 801-Inmate Disciplinary and Restricted Housing Unit Procedures.
 - b. DC-ADM 802-Administrative Custody Procedures.
 - c. Other policies not applicable to DC-ADM 804.
2. Block B must be completed, as per the Instruction #3 of the Official Inmate Grievance Form.
3. The grievance does not indicate that you were personally affected by a Department or facility action or policy.
4. Group grievances are prohibited.
5. **The grievance was not signed and/or dated.**
6. Grievances must be legible and presented in a courteous manner.
7. The grievance exceeded the two (2) page limit. Description needs to be brief.
8. Grievances based upon different events shall be presented separately.
9. The grievance was not submitted within fifteen (15) working days after the events upon which claims are based.
10. You are currently under grievance restriction. You may not file any grievances until _____.
Date _____
11. Grievance involves matter(s) that occurred at another facility and should be directed by the inmate to the appropriate facility.
12. The issue(s) presented on the attached grievance has been reviewed and addressed previously.

Additional Comments:

SLD/tls

cc: FILE
DC-15

DC-804
Part 1COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA 17001-0598FOR OFFICIAL USE ONLY
81099
GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR <u>Sharon Deletto</u>	FACILITY: <u>SCI-GREENE</u>	DATE: <u>04/12/04</u>
FROM: (INMATE NAME & NUMBER) <u>DERRICK RANKINE EU5850</u>	SIGNATURE OF INMATE: <u>Derrick Rankine</u>	
WORK ASSIGNMENT: <u>\$105/day relief requested.</u>	HOUSING ASSIGNMENT: <u>RHU FID-9</u>	

INSTRUCTIONS:

- 1 Refer to the DC-ADM 804 for procedures on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. List in Block B any actions you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages.

Today on 04/12/04, I asked Deputy Jackson, Lt. Guston and Lt. Mitchell, C/O Piper, C/O Bowlin and Sgt. Grego for a replacement pen, a pillow, a tooth paste, a soap and 2 towels, and they all refused to give me these supplies; plus the use of a stapler.

Personal Conference requested with Superintendent Polino and Deputy Jackson/PRC.

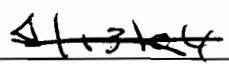
B. List actions taken and staff you have contacted, before submitting this grievance.

I borrowed this pen from another inmate to write this grievance. I also sent 5 requests asking from the above supplies and the use of a stapler. I informed Mr. Ivan on 04/06/04 and on 04/12/04 to no avail. I also repeatedly and continuously asked for these supplies since 01/20/04 to no avail from RHU Staff.

Your grievance has been received and will be processed in accordance with DC-ADM 804.



Signature of Facility Grievance Coordinator



Date

CO. NWEALTH OF PENNSYLVANIA
 DEPARTMENT OF CORRECTIONS
 OFFICE OF THE SUPERINTENDENT'S ASSISTANT
 SCI-GREENE

DATE: April 19, 2004

SUBJECT: Grievance Rejection Form

TO: Mr. Rankin, EU-5850
 F Unit, D'Ped

FROM: Sharon L. D'Eletto
 Superintendent's Assistant

FOR OFFICIAL USE ONLY
81607
GRIEVANCE NUMBER

The attached grievance is being returned to you because you have failed to comply with the provision(s) of DC-ADM 804, Inmate Grievance System:

1. Grievances related to the following issues shall be handled according to procedures specified in the policies listed and shall not be reviewed by the Facility Grievance Coordinator:
 - a. DC-ADM 801-Inmate Disciplinary and Restricted Housing Unit Procedures
 - b. DC-ADM 802-Administrative Custody Procedures
 - c. other policies not applicable to DC-ADM 804.
2. Block B must be completed, as per the Instruction #3 of the Official Inmate Grievance Form.
3. The grievance does not indicate that you were personally affected by a Department or facility action or policy.
4. Group grievances are prohibited.
5. **The grievance was not signed and/or dated.**
6. Grievances must be legible and presented in a courteous manner.
7. The grievance exceeded the two (2) page limit. Description needs to be brief.
8. Grievances based upon different events shall be presented separately.
9. The grievance was not submitted within fifteen (15) working days after the events upon which claims are based.
10. You are currently under grievance restriction. You may not file any grievances until _____.
11. Grievance involves matter(s) that occurred at another facility and should be directed by the inmate to the appropriate facility.
12. The issue(s) presented on the attached grievance has been reviewed and addressed previously.

Additional Comments:

SLD/djk

CC: FILE
 DC-15

DC-804
Part 1COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA 17001-0598FOR OFFICIAL USE ONLY
81607
GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR	FACILITY:	DATE:
<u>Sharon DELEHO</u>	<u>SCI-GREENE</u>	<u>0116104</u>
FROM: (INMATE NAME & NUMBER)	SIGNATURE of INMATE:	
<u>JERRICK RANKINE (AKA Rankin)</u>	<u>Jerrick Rankine AKA Rankin</u>	
WORK ASSIGNMENT: REQUESTED	HOUSING ASSIGNMENT:	
I would like to be given the requested RHONEID-9		
INSTRUCTIONS: SUPPLIES UPON REQUEST. 12 REQUESTS, 5 GRIEVANCES.		
<ol style="list-style-type: none"> Refer to the DC-ADM 804 for procedures on the inmate grievance system. State your grievance in Block A in a brief and understandable manner. List in Block B any actions you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted. 		

A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages.

On 0116104, I asked CIO Schnap for 12 requests to staff 4 grievances. He did call requests with four cash slips and Schnap refused to give me any of the above supplies, claiming that "you are on paper restriction and meal restrictions until you do the right thing". This is an example of the behavior of staff since all 2004 to the present time; both on the morning and EVENING Shift.

B. List actions taken and staff you have contacted, before submitting this grievance.

I sent a request to the Superintendent and Captain Hall, yet this behavior continues. I even spoke to Captain Hall and Lt Leggett about this behavior and staff spilling in my meals, removing sugar from my trays choosing yet these behaviors by staff continues. Today on 1/16/04, I asked CIO Henry for 12 requests to staff and 4 grievances yet I was not given. Your grievance has been received and will be processed in accordance with DC-ADM 804. THESE SUPPLIES.

Signature of Facility Grievance Coordinator

Date

CO' 'NWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
OFFICE OF THE SUPERINTENDENT'S ASSISTANT
SCI-GREENE

DATE: April 19, 2004

SUBJECT: Grievance Rejection Form

TO: Mr. Rankin, EU-5850
F Unit, D Pod

FROM: 
Sharon L. D'Eletto
Superintendent's Assistant

FOR OFFICIAL USE ONLY
81647
GRIEVANCE NUMBER

The attached grievance is being returned to you because you have failed to comply with the provision(s) of DC-ADM 804, Inmate Grievance System:

1. Grievances related to the following issues shall be handled according to procedures specified in the policies listed and shall not be reviewed by the Facility Grievance Coordinator:
 - a. DC-ADM 801-Inmate Disciplinary and Restricted Housing Unit Procedures
 - b. DC-ADM 802-Administrative Custody Procedures
 - c. other policies not applicable to DC-ADM 804.
2. Block B must be completed, as per the Instruction #3 of the Official Inmate Grievance Form.
3. The grievance does not indicate that you were personally affected by a Department or facility action or policy.
4. Group grievances are prohibited.
5. **The grievance was not signed and/or dated.**
6. Grievances must be legible and presented in a courteous manner.
7. The grievance exceeded the two (2) page limit. Description needs to be brief.
8. Grievances based upon different events shall be presented separately.
9. The grievance was not submitted within fifteen (15) working days after the events upon which claims are based.
10. You are currently under grievance restriction. You may not file any grievances until _____.
11. Grievance involves matter(s) that occurred at another facility and should be directed by the inmate to the appropriate facility.
12. **The issue(s) presented on the attached grievance has been reviewed and addressed previously.**

Additional Comments: Refer to Grievance Number 81607.

SLD/djk

CC: FILE
DC-15

DC-804
Part 1COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA 17001-0598FOR OFFICIAL USE ONLY
81647
GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR <u>Sharon Deletto</u>	FACILITY: <u>SCI-GREENE</u>	DATE: <u>01/17/04</u>
FROM: (INMATE NAME & NUMBER) <u>Derrick Rankine EU5850; AKA Rankin Demek Rankine (Rankin AKA)</u>	SIGNATURE of INMATE: <u>Derrick Rankine (Rankin AKA)</u>	
WORK ASSIGNMENT: <u>\$155/day RELIEF REQUEST plus 12</u>	HOUSING ASSIGNMENT: <u>RHU FID.9</u>	

INSTRUCTIONS: GRIEVANCES AND REQUESTS

- 1 Refer to the DC-ADM 804 for procedures on the inmate grievance system.
- 2 State your grievance in Block A in a brief and understandable manner.
- 3 List in Block B any actions you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages.

Since 01/20/04, RHU STAFF HAVE BEEN Abusing ME Without provocation or justification; I would like this to stop From 01/20/04.

For example on 01/14/04 and 01/15/04, CIO Schnap called ME "a lie", "A dumb Nuts", "A bitch" and "A Faggot" without any provocation or justifications. Now I NEVER spoke to CIO Schnap once From 01/20/04; until CIO Schnap spoke to me on 01/14/04 and 01/15/04; away from asking for my supplies.

Personal conference with PRC and Superintendent Folino REQUESTED.

B. List actions taken and staff you have contacted, before submitting this grievance.

I ASKED CIO Schnap to LEAVE ME ALONE and I also told CIO Schnap that I am not a Father who molested him when HE WAS A child; so he was mistaken about me being "A Faggot" or "A bitch"; SINCE I WAS NEVER ACCUSED OF molesting any children in my ENTIRE LIFE. TELL your STAFF to give me my SUPPLIES and LEAVE ME ALONE.

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator

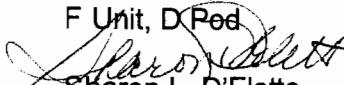
Date

CO. NWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
OFFICE OF THE SUPERINTENDENT'S ASSISTANT
SCI-GREENE

DATE: April 19, 2004

SUBJECT: Grievance Rejection Form

TO: Mr. Rankin, EU-5850
F Unit, D-Ped

FROM: 
Sharon L. D'Eletto
Superintendent's Assistant

FOR OFFICIAL USE ONLY
81648
<hr/> GRIEVANCE NUMBER <hr/>

The attached grievance is being returned to you because you have failed to comply with the provision(s) of DC-ADM 804, Inmate Grievance System:

1. Grievances related to the following issues shall be handled according to procedures specified in the policies listed and shall not be reviewed by the Facility Grievance Coordinator:
 - a. DC-ADM 801-Inmate Disciplinary and Restricted Housing Unit Procedures
 - b. DC-ADM 802-Administrative Custody Procedures
 - c. other policies not applicable to DC-ADM 804.
2. Block B must be completed, as per the Instruction #3 of the Official Inmate Grievance Form.
3. The grievance does not indicate that you were personally affected by a Department or facility action or policy.
4. Group grievances are prohibited.
5. **The grievance was not signed and/or dated.**
6. Grievances must be legible and presented in a courteous manner.
7. The grievance exceeded the two (2) page limit. Description needs to be brief.
8. Grievances based upon different events shall be presented separately.
9. The grievance was not submitted within fifteen (15) working days after the events upon which claims are based.
10. You are currently under grievance restriction. You may not file any grievances until _____.
11. Grievance involves matter(s) that occurred at another facility and should be directed by the inmate to the appropriate facility.
12. The issue(s) presented on the attached grievance has been reviewed and addressed previously.

Additional Comments:

SLD/djk

CC: FILE
DC-15

DC-804

Part 1

**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA 17001-0598**

FOR OFFICIAL USE ONLY8/6/08**GRIEVANCE NUMBER****OFFICIAL INMATE GRIEVANCE**

TO: FACILITY GRIEVANCE COORDINATOR <u>Sharon DELEHO</u>	FACILITY: <u>SCI Limestone</u>	DATE: <u>8/11/11/08</u>
FROM: (INMATE NAME & NUMBER) <u>DERRICK RANKINE EU 15850</u>	SIGNATURE OF INMATE: <u>Derrick Rankine</u>	
WORK ASSIGNMENT: <u>\$11000 RELIEF REQUESTED.</u>	HOUSING ASSIGNMENT: <u>RHU FID-9</u>	

INSTRUCTIONS:

- 1 Refer to the DC-ADM 804 for procedures on the inmate grievance system.
- 2 State your grievance in Block A in a brief and understandable manner.
- 3 List in Block B any actions you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages.

On 08/11/11/08 CIO Coy and Thompson came to my cell door and said "GET DRESS" YOU HAVE A VISITOR! When I asked who was my visitor I was told a visitor then Captain Hall. Now I just file a Law Suit against Captain Hall and so I refused to see much less speak to Captain Hall. Sgt. Tanner came to my cell door with CIO Coy and ordered me out of my cell to go to PRC hearing, but I was taken to the Law Library where I was forced to speak to Captain Hall and Lt. Leggett while CIO lied to PRC that I refused to attended my PRC hearing. Personal Conference with PRC and the Superintendent requested.

B. List actions taken and staff you have contacted, before submitting this grievance.

I sent a request to the Superintendent to informed him of the above and a request to PRC. I tried to inform Lt. Leggett of the above on 08/11/11/08 but he ran off the pod. Now I am not receiving any mails from the outside which is unusual. PLEASE INVESTIGATE.

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator

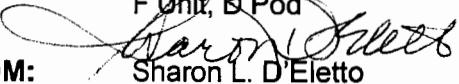
Date

CO' CNWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
OFFICE OF THE SUPERINTENDENT'S ASSISTANT
SCI-GREENE

DATE: April 26, 2004

SUBJECT: Grievance Rejection Form

TO: Mr. Rankin, EU-5850
F Unit, B Pod

FROM: 
Sharon L. D'Eletto
Superintendent's Assistant

FOR OFFICIAL USE ONLY
82217
GRIEVANCE NUMBER

The attached grievance is being returned to you because you have failed to comply with the provision(s) of DC-ADM 804, Inmate Grievance System:

1. Grievances related to the following issues shall be handled according to procedures specified in the policies listed and shall not be reviewed by the Facility Grievance Coordinator:
 - a. DC-ADM 801-Inmate Disciplinary and Restricted Housing Unit Procedures.
 - b. DC-ADM 802-Administrative Custody Procedures.
 - c. Other policies not applicable to DC-ADM 804.
2. Block B must be completed, as per the Instruction #3 of the Official Inmate Grievance Form.
3. The grievance does not indicate that you were personally affected by a Department or facility action or policy.
4. Group grievances are prohibited.
5. **The grievance was not signed and/or dated.**
6. Grievances must be legible and presented in a courteous manner.
7. The grievance exceeded the two (2) page limit. Description needs to be brief.
8. Grievances based upon different events shall be presented separately.
9. The grievance was not submitted within fifteen (15) working days after the events upon which claims are based.
10. You are currently under grievance restriction. You may not file any grievances until _____.
Date _____
11. Grievance involves matter(s) that occurred at another facility and should be directed by the inmate to the appropriate facility.
12. The issue(s) presented on the attached grievance has been reviewed and addressed previously.

Additional Comments:

SLD:ack

cc: FILE
DC-15

DC-804
Part 1COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA 17001-0598FOR OFFICIAL USE ONLY
82217
GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR <u>SCI Greene</u>	FACILITY: <u>SCI Greene</u>	DATE: <u>01/24/04</u>
FROM: (INMATE NAME & NUMBER) <u>DERRICK RANKINE EU5850</u>	SIGNATURE OF INMATE: <u>Derrick Rankine</u>	
WORK ASSIGNMENT: <u>Permanent Separation From CIO Blaker RHU F10-9</u>	HOUSING ASSIGNMENT:	

INSTRUCTIONS:

- 1 Refer to the DC-ADM 804 for procedures on the inmate grievance system.
- 2 State your grievance in Block A in a brief and understandable manner.
- 3 List in Block B any actions you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages.

On 01/24/04, during the dinner period CIO Blaker and Sgt Santoyo came to my cell door and CIO Blaker said to me "I am going to get you in the Cranium" I am going to shoot you in the cranium. All of this was said to me without provocation or justification. CIO Blaker then made three to four trips to my cell door and called me "Richard Cranium" without provocation or justification. At this point I will again asked for a permanent separation from CIO Blaker, Henrys, CIO Bowlin, Stuckles Henderson, Stephen, Rausenwinder and Manberry.

B. List actions taken and staff you have contacted, before submitting this grievance.

I informed Sgt. Santoyo of CIO Blakers threats and pressed the EMERGENCY button to reported these threats of CIO Blaker. Sgt. Santoyo, then sent CIO Blaker on three to four occasions to threatened my life. Also check the inmate handbook to see if staff must speak or called or threatened inmates during the performance of their jobs.

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator

Date

CO: **COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
OFFICE OF THE SUPERINTENDENT'S ASSISTANT
SCI-GREENE**

DATE: April 26, 2004

SUBJECT: Grievance Rejection Form

TO: Mr. Rankin, EU-5850
F Unit, D Pod
Sharon D'Eletto

FROM: Sharon L. D'Eletto
Superintendent's Assistant

The attached grievance is being returned to you because you have failed to comply with the provision(s) of DC-ADM 804, Inmate Grievance System:

1. Grievances related to the following issues shall be handled according to procedures specified in the policies listed and shall not be reviewed by the Facility Grievance Coordinator:
 - a. DC-ADM 801-Inmate Disciplinary and Restricted Housing Unit Procedures.
 - b. DC-ADM 802-Administrative Custody Procedures.
 - c. Other policies not applicable to DC-ADM 804.
2. Block B must be completed, as per the Instruction #3 of the Official Inmate Grievance Form.
3. The grievance does not indicate that you were personally affected by a Department or facility action or policy.
4. Group grievances are prohibited.
5. **The grievance was not signed and/or dated.**
6. Grievances must be legible and presented in a courteous manner.
7. The grievance exceeded the two (2) page limit. Description needs to be brief.
8. Grievances based upon different events shall be presented separately.
9. The grievance was not submitted within fifteen (15) working days after the events upon which claims are based.
10. You are currently under grievance restriction. You may not file any grievances until _____ Date
11. Grievance involves matter(s) that occurred at another facility and should be directed by the inmate to the appropriate facility.
12. The issue(s) presented on the attached grievance has been reviewed and addressed previously.

Additional Comments:

SLD:ack

cc: FILE
DC-15

DC-804
Part 1COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA 17001-0598FOR OFFICIAL USE ONLY
82218
GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR <u>SCI GREENE</u>	FACILITY: <u>SCI GREENE</u>	DATE: <u>01/23/04</u>
FROM: (INMATE NAME & NUMBER) <u>DERRICK RANKINE EU15850</u>	SIGNATURE OF INMATE: <u>Derrick Rankine</u>	
WORK ASSIGNMENT: <u>\$5000 relief requested</u>	HOUSING ASSIGNMENT: <u>RHU FID-9</u>	

INSTRUCTIONS:

- 1 Refer to the DC-ADM 804 for procedures on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. List in Block B any actions you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages.

In RETALIATION FOR REFUSING TO HAVE A homoSEXUAL RELATIONSHIP WITH CLO HENRY, STICKLES, HENDERSEN, BLAKER, STEPHEN, MANBERRY, AND RAUSEN WINDER, FILING justifiable GRIEVANCES AND REFUSING TO WITHDRAW MY APPEAL AND NEW SUITS; CLO BOWLIN SLAPPED ME IN MY HEAD WHILE BOTH MY HANDS WERE HANDCUFFED BEHIND MY BACK IN THE PRESENCE OF ALL THE INMATES ON FID AND CLOCOLE, BLAKER AND ANDERSON; THIS CAUSED ME SEVERE HEADACHE WAS HUMILIATING AND EMBARRASSING AS ALL THE INMATES WERE LAUGHING AT ME. ESPECIALLY INMATE HUGHES, IN FID 10 AT EVENING. I WAS ALSO UNABLE TO SLEEP ALL NIGHT BECAUSE OF THIS HEADACHE AND EMBARRASSMENT AND HUMILIATION.

B. List actions taken and staff you have contacted, before submitting this grievance.

I PRESSED THE EMERGENCY button and ASKED TO BE TAKEN TO MEDICAL AND TO SPEAK TO CAPTAIN HALL OR THE RHU LT. I WOULD LIKE A PERMANENT SEPARATION FROM SGT. SANTOZU, AND TANNER, CLO BLAKER, HENDERSEN, STICKLES, BOWLIN, HENRY, STEPHEN, RAUSEN WINDER AND MANBERRY.

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator

Date

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
OFFICE OF THE SUPERINTENDENT'S ASSISTANT
SCI-GREENE

DATE: May 6, 2004
SUBJECT: Grievance Rejection Form
TO: Mr. Rankin, EU-5850
F Unit, D Pod

FROM: ~~Sharon L. D'Eletto~~
Sharon L. D'Eletto
Superintendent's Assistant

FOR OFFICIAL USE ONLY
83124
GRIEVANCE NUMBER

The attached grievance is being returned to you because you have failed to comply with the provision(s) of DC-ADM 804, Inmate Grievance System:

1. Grievances related to the following issues shall be handled according to procedures specified in the policies listed and shall not be reviewed by the Facility Grievance Coordinator:
 - a. DC-ADM 801-Inmate Disciplinary and Restricted Housing Unit Procedures
 - b. DC-ADM 802-Administrative Custody Procedures
 - c. other policies not applicable to DC-ADM 804.
2. Block B must be completed, as per the Instruction #3 of the Official Inmate Grievance Form.
3. The grievance does not indicate that you were personally affected by a Department or facility action or policy.
4. Group grievances are prohibited.
5. **The grievance was not signed and/or dated.**
6. Grievances must be legible and presented in a courteous manner.
7. The grievance exceeded the two (2) page limit. Description needs to be brief.
8. Grievances based upon different events shall be presented separately.
9. The grievance was not submitted within fifteen (15) working days after the events upon which claims are based.
10. You are currently under grievance restriction. You may not file any grievances until _____.
11. Grievance involves matter(s) that occurred at another facility and should be directed by the inmate to the appropriate facility.
12. The issue(s) presented on the attached grievance has been reviewed and addressed previously.

Additional Comments:

SLD/ack

CC: FILE
DC-15

DC-804
Part 1COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA 17001-0598FOR OFFICIAL USE ONLY
83124
GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR <u>SCI-GREENE</u>	FACILITY: <u>SCI-GREENE</u>	DATE: <u>05/10/04</u>
FROM: (INMATE NAME & NUMBER) <u>JERRICK RANKINE EU 5850</u>	SIGNATURE OF INMATE: <u>Derrick Rankine</u>	
WORK ASSIGNMENT: <u>RELIEF REQUESTED</u>	HOUSING ASSIGNMENT: <u>RHU FID-9</u>	
INSTRUCTIONS: <u>BLAKER, STICKLES, HENDERSON and Bowlin</u>		
<ol style="list-style-type: none"> 1 Refer to the DC-ADM 804 for procedures on the inmate grievance system. 2 State your grievance in Block A in a brief and understandable manner. 3 List in Block B any actions you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted. 		

A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages.

On May 1, 2004, I asked CIO Henry for 12 requests to staff and grievances and CIO Henry told me "You get nothing until you withdraw all law suits and become a homo sexual."

CIO Henry then gave me 2 grievances and 2 requests to staff. This is the type of behavior which have been occurring since January 20, 2004, and I did not know that there are requirements before inmates can get the necessary supplies to complete their administrative remedies in the D.O.C. This is a clear example that RHU staff is doing something wrong in the RHU and are trying to cover-up the criminal conduct.

B. List actions taken and staff you have contacted, before submitting this grievance.

I checked the inmate handbook and there are no prerequisites for getting D.O.C. supplies, so I will not become a fugitive or withdraw my law suit against SCI-GREENE, ALBION or SOMERSET or my criminal Appeals. I would like to get the above supplies, a toothpaste and a soap.

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator

Date